A BASIC TRAINING PROGRAM FOR FRONT-LINE STAFF AND SUPERVISORS OF CHILDREN'S AID SOCIETIES IN THE PROVINCE OF ONTARIO

WORKING WITH ADOLESCENTS

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TRAINING MANUALS IN THIS SERIES

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* The materials utilized in this program are used for training purposes only.

Note: For simplicity "he" has been used in the material for the training program, although it applies to both male and female.

Ministry of
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FOREWORD

Over the past three years the Ministry of Community and Social Services has undertaken training programs for front-line protection staff and supervisors in Children's Aid Societies. These programs have been highly regarded for both their theoretical content and relevance to the mandate of Societies.

Participants in these basic training programs identified a great need for specialized programs in three areas: working with adolescents; working with families; sexual abuse. This present manual is the first of the three and it contains the curriculum for the training program Working With Adolescents. It is numbered Volume 5, following on from the previous manuals and, like them, will be a permanent resource for the Societies and participants.

It is anticipated that this training program, like the earlier ones, will be of high standard and address the special problems of working with adolescents. It incorporates both protection and child care issues. However, unlike the previous programs, it cuts across organizational lines and the participants in each four day session will include both front-line staff and supervisors who together have a special interest in adolescence. Within the general subject area, the specific content of each training program is negotiated with the participants. Therefore, emphasis may be placed in one area rather than another, and this emphasis may vary from session to session. This variation, of course, cannot be reflected in the training manual. Mr. J. R. MacDonald, who developed the curriculum will also conduct the sessions throughout Ontario in the first half of 1982.

Mr. MacDonald and his associates are to be commended for their fine contribution in the area of working with troubled teenagers. In addition, our appreciation is due to the four Societies who participated in the pre-test of this program, Hamilton-Wentworth Children's Aid Society, Hamilton-Wentworth Catholic Children's Aid Society, Halton Children's Aid Society and Niagara Region Family and Children's Services. And finally, much recognition and respect is due to those in the field who have undertaken this important and demanding aspect of Children's Aid Society work.

Barbara M. Hardy

Barbara M. Hardy, B.A., M.A.
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PREFACE

PLEASE HEAR WHAT I'M NOT SAYING

Don't be fooled by me.
Don't be fooled by the face I wear.
For I wear a mask, I wear a thousand masks, masks that I'm afraid to take off, and none of them are me.
Pretending is an art that's second nature with me, but don't be fooled, for God's sake don't be fooled.
I give the impression that I'm secure, that all is sunny and unruffled with me, within as well as without that confidence is my name and coolness my game, that the water's calm and I'm in command, and that I need no one.
But don't believe me.
Please.
My surface may seem smooth, but my surface is my mask, my ever varying and ever-concealing mask.
Beneath lies no smugness, no complacence.
Beneath lies the real me in confusion, in fear, in aloneness.
But I hide this.
I don't want anyone to know it.
I panic at the thought of my weakness and fear of being exposed. That's why I frantically create a mask to hide behind, a nonchalant, sophisticated facade, to help me pretend, to shield me from the glance that knows.
But such a glance is my salvation. My only salvation.
And I know it.
That is, if it's followed by acceptance, if it's followed by love.
It's the only thing that will assure me of what I can't assure myself, that I am really worth something.
But I don't tell you this. I don't dare. I'm afraid to.
I'm afraid your glance will not be followed by acceptance and love.
I'm afraid you'll think less of me, that you'll laugh at me, and your laugh would kill me.
I'm afraid that deep down I'm nothing, that I'm no good, and that you will see this and reject me. So I play my game. My desperate pretending game, with a facade of assurance without, and a trembling child within. And so begins the parade of masks.
And my life becomes a front. I idly chatter to you in the sauve tones of surface talk. I tell you everything that is really nothing. So when I go through my routine, do not be fooled by what I'm saying.
Please listen carefully and try to hear what I'm NOT saying what I'd like to be able to say, what for survival I need to say, but what I can't say. I dislike hiding.
Honestly.
I dislike the superficial game I'm playing, the phoney game.
I'd really like to be genuine and spontaneous, and me, but you've got to help me. You've got to hold out your hand, even when that's the last thing I seem to want, or need.
Only you can wipe away from my eyes the blank stare of breathing death.

Only you can call me to aliveness. Each time you're kind, and gentle, and encouraging. Each time you try to understand because you really care, my heart begins to grow wings, very small wings, very feeble wings, but wings.

With your sensitivity and sympathy and your power of understanding, you can breath life into me. I want you to know that.

I want you to know how important you are to me, how you can be a creator of the person that is me if you choose to do so.

Please choose to. You alone can break down the wall behind which I tremble, you alone can remove my mask. You alone can release me from my shadow-world of panic and uncertainty, from my lonely prison.

So do not pass me by. Please do not pass me by. It will not be easy for you. A long conviction of worthlessness builds strong walls.

The nearer you approach me, the blinder I strike back.

It's irrational but despite what the books say about me,

I am irrational. I fight against the very thing that I cry out for. But I am told that love is stronger than strong walls, and in this lies my hope. Please try to beat down those walls with firm hands, but with gentle hands - for a child is very sensitive. Who am I, you may wonder? I am someone you know very well.

For I am every man you meet, and I am every woman you meet.

Anonymous*

INTRODUCTION

A basic training program on working with adolescents should logically begin with an overview of the social and cultural context within which such work is taking place. Last spring, at the Annual Conference of Children's Aid Societies of Ontario and the Child Welfare League of America, Dr. Paul Steinhauer, M.D., F.R.C.P.(C) Professor, and Director of Training in Child Psychiatry at the University of Toronto presented such an overview. We can think of no more appropriate way of introducing this program than by reproducing an expert from Dr. Steinhauer's paper for the benefit of all those who were unable to attend the conference.

"The past two decades have shown a striking rise in signs of adolescent distress and unrest. Rates of teenage suicide, delinquency, vandalism and violence have increased significantly. Youthful alienation and estrangement from the greater community have been widespread. These trends will probably continue to increase in the 80's. I suspect this is because of our failure as a society to meet the basic biological and social needs of many of our children and youth. This failure, I suggest, results from profound changes in the structure of the modern family and of our society. Because of this failure, an increasing number of children will enter adolescence lacking the security, the psychological stability and the sense of having a place within a social order that come from growing up in a family and in an environment that can trust and count upon to meet their needs. Children who are more vulnerable genetically and tempermentally, will require even less environmental stress during adolescence to produce psychological disturbance, social deviance or both.

In this paper, I will try to suggest some reasons for the increasing frequency of adolescent unrest and to discuss what we can do to minimize the acceleration of the trend, if we wish to do so. I say "if" because we as a society have traditionally shown a surprising disinclination to do what is good for us. We are well aware of the dangers of alcoholism, of smoking, of over-eating, of venereal disease, of industrial and environmental pollution, of reliance on a variety of drugs and chemicals, medically or self-prescribed, for temporary escape from the mounting stresses of life. While some of us as individuals may be self-disciplined in the ways we live, we as a society have done little to protect ourselves or our communities from the "diseases of the lifestyle" that have become increasingly prominent in our contemporary world. I wonder whether we are any more interested in applying what we know to protect our youth and our communities from the results of youth distress and unrest which threaten to reach epidemic proportions.

Let us begin by recalling three basic biological and social drives or, if you prefer, three basic human needs. The first is the need for satisfactory attachment to a parental figure, the second is the inherent aggressiveness seen by some ethologists as anaologous to territoriality in animals, while the third is the need for continuity in human relationships. I will discuss the needs for attachment and continuity together.

Reproduced with the permission of Paul D. Steinhauer, M.D., F.R.C.P.(C) - Professor, and Director of Training in Child Psychiatry, Division of Child Psychiatry, University of Toronto.

John Bowlby, the distinguished British ethologist and psychoanalyst, was not the first psychiatrist to emphasize the crucial influence of the mother on the psychological development of the child. Many distinguished psychoanalysts, from Freud through Spitz, Melanie Klein and Erikson have recognized the key influence of the child's biologcal dependence on the mother on development generally, and, more specifically, on whether or not the child develops a capacity for trust and intimacy. Bowlby pictures the young child as subject to two opposing biological drives. The first of these, the drive for attachment, binds parent and child together, thus ensuring the availability of the parent to meet the child's needs. Opposing this is the drive towards exploration by which the child, as he grows older and more competent, is increasingly driven to leave the safety of his parent's side to explore his environment. Bowlby hypothesizes that the child who experiences a successful attachment will develop the security and trust he needs to explore the environment with increasing confidence. This will prepare him to initiate self-directed activities and eventually to function independently and productively. If, however, the child's initial attachment is not successful - that is, if it is of such poor quality that his needs are not met, or if the attachment is interrupted so that he is for reasons, beyond his understanding, deprived of the parent on whom he depends for his security - then the effect on the child will be traumatic. Such a child is likely to be severely and permanently damaged unless he is promtly supplied with an adequate parent substitute who remains continually available to him. Rutter, even while arguing that Bowlby overstates the danger of separating the child from his mother, is not refuting attachment theory. He is, rather, arguing that the child is more likely to be damaged by an unsatisfactory attachment (i.e. an experience of neglect and privation) than he is by removal and replacement in a substitute family better able to meet his development needs. As we will see, many of what Bowlby describes as the consequences of an unsatisfactory attachment are identical to the qualities of those adolescents whose distress and unrest concern us so.

The third biological drive we need to consider is the aggressive drive, which ethologists relate to the territorial impulse in animals. Many animals show an instinctual tendency to have and to hold a piece of territory. This drive is related to their need to protect their food supply, to defend themselves and to the biological drive towards mating, all of which are clearly essential for the survival of the species. But while some aggression is useful and necessary, excessive aggression is becoming one of the major threats in modern industrial society, especially in crowded urban areas with high population density. Lorenz has warned us that Mankind's only hope for survival may lie in coming to terms with his inherited territoriality and learning to diffuse the aggressiveness derived from it. However Ashley Montagu, the cultural anthropologist, warns against drawing analogies between human and animal behaviour. He questions the inevitability of the territorial imperative in humans, stressing that Man has the inherent adaptability necessary to tame his aggressive and competitive instinct. If one reviews the history and the literature of our species, and if these can be interpreted as a reflection of Man's essential character, one is, unfortunately, far from over-whelmed by evidence of Montagu's "inherent adaptiability" as a moderating force taming the aggressiveness of Man's relations to his fellow Man.

Certainly one aspect of human adaptability lies in our ability, under certain conditions, to modify various biological drives for the sake of social gain. By the age of three, the average child can suppress and modify much biologically-based behaviour in order to retain the love and approval of those to whom he is attached, especially his parents. He accepts a feeding schedule, he toilet trains, he gives up some forms of aggressive and/or exploratory behaviour. He does this not because he wants to, but because he realizes that doing so, i.e. modifying biologcal drives in exchange for continued parental approval, is needed to protect the attachment on which his security depends. He can usually afford to do so by age three, because he has already developed some sense of himself as a person separate from his parent. This early sense of his separateness allows him to do what they want without threatening his growing sense of individual uniqueness. The sense of confidence in himself as a separate and worthwhile person is one of the major results of a successful attachment. It comes about as the child gradually internalizes and incorporates his parents' view of him as someone unique, deserving of love and respect.

This, then, is the ideal developmental situation. But what if these basic needs are not met? Consider a number of possibilities:

1. Failure to experience a successful attachment.

This, as we have seen, can result either from inadequate parenting (through disinterest, neglect or abuse) or through lack of continuity of parental figures (through separations, and especially multiple separations, which tear the child away from those to whom he is attached). Children experiencing an unsuccessful attachment or multiple separations frequently have excessive rage to deal with. Their normal biologically-derived aggression is greatly increased by the rage resulting from the frustrations of their attachment needs. At the same time, they are frequently less able to modify their aggression to please others. From past experience, they often learn to view others not as sources of gratification and security to be placated, but as potential sources of frustration and disappointment. As a result, they are unlikely to develop control over their impulses and often show defects in the formation of their consciences. For these reasons, many such youngsters are very prone to asocial and antisocial behaviour.

Another common result of unsuccessful attachment is the failure to develop adequate self-esteem. Such youngsters have trouble relating intimately to others. They frequently lack confidence, are vulnerable to depression, and often seem passive, withdrawn and hypochondriacal. When they do relate, it is typically in a shallow, selfish way, using or manipulating others to get what they want but withdrawing or turning on them the moment they are denied immediate gratification. Many of these youngsters eventually end up withdrawn, lacking in confidence and self-worth, alienated and alienating, socially inadequate and chronically dependent and depressed.

Some adolescents, at different times, show features of both groups, with outbursts of asocial and antisocial behaviour punctuating a more general pattern of withdrawal and social inadequacy.

2. Too harsh demands for the control of aggression.

A second example of failure to meet biological needs can be seen in looking at children exposed to overly harsh demands for the control of aggression.

Such children may react in one of two basic ways. More aggressive children typically struggle against the excessive harshness and demands for control. When they do so directly, open defiance and family struggles result. If, however, parental retaliation is sufficiently feared, their rebellion may be displaced to the school or the community in the form of antisocial activity, or may go underground, emerging as passive-aggressive or oppositional behaviour.

More passive children may be less able to assert themselves in the face of harshly punitive or excessive demands for control. As a result, they may give up even normal self-assertive or aggressive behaviour in order to avoid parental retaliation. Their extreme obedience and submission are often viewed as "good behaviour" by their parents. Their excessive conformity, however, is a symptom of thwarted development as it blocks these youngsters from achieving the independence appropriate to their age. Such youngsters are prone to learning difficulties and depression, frequently showing psychophysiological or neurotic symptoms which substitute for more direct expressions of anger.

3. Insufficient demands for containment/sublimation of aggression.

A third example of failure to meet developmental needs is found in families that do not demand that children modify their aggression to get along with others. This may be because their parents are either too disinterested or too overwhelmed by other life stresses to provide the consistent structure and discipline they need. Other reasons may include disturbance in one or both parents, parental inability to agree on what to expect of the children, chronic marital conflict (especially when the children are caught between two warring parents), the strain of being an overwhelmed single parent trying to faise a family on one's own, or even the philosophical stance that children should be free to do what they want without parental restriction. Children growing up in such an environment are unlikely to develop an appreciation of the rights of others. They are frequently unable to master tension, to endure frustration, to persevere despite initial difficulty or to control their aggression.

These, then, are a few of the likely consequences of failure to meet children's basic needs. But a number of changes are occurring in the structure of families and of contemporary society as a whole. How are these changes likely to affect the chances of children's developmental needs being met?

That the nuclear family is in trouble is attested by the rising rates of separation and divorce. A number of factors, working together seem to be undermining the cohesiveness of the nuclear family in our society. These include:

1. Loss of ties with the extended family.

Loss of ties with the extended family seems to be contributed to by greater geographic mobility, which decreases physical contact, as well as by other factors which diminish psychological contact with the extended family. Hartmann suggests that the more a family is assimilated within the general community, the more psychological and/or geographical distance there is likely to be between that nuclear family and the families in which husband wife grew up. Thus recent immigrant groups and disadvantaged minorities are more likely to remain involved with the extended family than are families who have adapted the patterns of the prevailing culture. Loss of ties with the extended family affects the nuclear family in several important ways. When available, members of the extended family may provide welcome support and relief for the hardpressed nuclear family. They may supply advice or financial assistance. They may assist in accomplishing many of the tasks of the nuclear family, including those related to child-rearing. They can provide emotional support for members of the nuclear family in time of stress, sharing responsibilities and offering much needed empathy and concern in times of crisis. They can provide alternative attachment figures for children estranged from their own parents. Finally the extended family frequently serves as a bridge between the nuclear family and the wider community. In summary, then, the widespread attenuation of ties to the extended family deprives many nuclear families of a shock-absorber they can ill afford to lose in view of the mounting stresses of contemporary life in a rapidly changing society.

2. Some effects of both parents being wage-earners.

Another factor undermining the stability of the nuclear family is the additional pressure produced when both parents are wage-earners. With rising inflation, economic factors have produced an increasing number of families in which both parents must work in order to make ends meet, or to maintain a reasonable standard of living. This has a number of important implications. When both parents work outside the home, they are subject to increased role pressure and there is more potential for role conflict than when only one works while the other remains home to raise the children. This is particularly so when large corporations decide arbitrarily to move their employee to branch operations elsewhere in Canada, disregarding the consequences of such moves on the rest of the family.

One of the major, and often valid, criticisms of the traditional nuclear family was that father came home exhausted after a hard day's work and hid either behind a newspaper or in front of a television set, leaving his wife to take sole responsibility for raising their children. In the liberated family, the theory went, both parents would share both wage-earning and child-rearing between them. Often, however, one finds instead two exhausted parents dragging themselves home after a hard day's work, neither with much energy left for parenting. As a result, many of the basic needs of children growing up in such families remain unmet. I am not suggesting that having two working parents is always damaging, or that one parent should always stay home even if both parents need, or would prefer, to work. What I am saying is that young children need quality parenting to develop optimally, and this need is not in any way decreased by other role demands faced by the parents. What is crucial, therefore, if both parents are working, is that they have between them after their day's work the energy required to provide the quantity and quality of committed parenting without which their children will be vulnerable to the sequelae of deprivation discussed above.

3. Increased role conflict, tension.

Another factor contributing to the instability of the nuclear family stems from increased role conflict, tension. As at any period in history when traditional role definitions are changing, a lack of role clarity is usually associated with increased tension and role conflict.

We have been through a decade when the prominence of the Women's Movement has led many women to redefine their roles as wives, mothers and women. When one family member redefines her role, this requires readjustment of roles by other family members. The point is not whether the woman is "right" or "wrong", but rather whether others can make the necessary shifts and realignments to allow the family to continue to function efficiently and smoothly.

4. Cultural undermining of the nuclear family.

A fourth and important factor threatening the stability of the nuclear family is the widespread cultural undermining of the family.

We are in an era when the making of a permanent commitment is often equated with being trapped or giving up one's independence. This view is certainly played up by the media, which tend to glorify the beautiful people, the swingers, the bar and disco scenes. However the media, while glamorizing the attractiveness of a life without commitments, cannot be held primarily responsible for the life-style they report. While the pendulum seems to be swinging back from the extreme permissiveness of the early 70's, we as a society are probably no less narcissistic and hedonistic than we have been over the last decade. A second "me" generation is alive and well and doing the bar scene in Toronto. Freedom is still all too often defined - by chronological adults - as freedom from responsibility and commitment rather than as Iris Murdoch, the British philosopher and novelist, defines it as the freedom to love and to be responsive to others. There are still many young and not-so-young-but-wishing-they-were adults whose prime motivation is to do their own thing, to hang loose, keep cool and to avoid any ongoing commitments. As long as those who feel this way don't have children, they do not concern us today. But when they do have children, these attitudes frequently affect the stability of their families and the development of their children. Let us look for a moment at some of the results of the extreme egotism shown by those who take this position.

(a) Narcissim and the popularization of divorce undermine marriage.

Such people show extreme self-centredness. Relationships either in or outside of marriage are valued solely in terms of what the individual is getting. What he or she can give, in terms of commitment, loyalty or support, in considered minimally if at all. Since no sustained relationship can always be gratifying to either partner, any such attitude must inevitably lead to dissatisfaction with the marriage and undermine the stability of the resulting union.

The permanence of contemporary marriages is further undermined by the increased acceptability of separation and divorce in our society. This stems partly from waning religious influence and partly from the decreased social stigma that carries from the increasing pool of divorced men and women in the population. This increased prevalence has led to extensive media coverage of the phenomenon, often in a highly romanticized way which minimizes the hurt to those involved, (e.g., The Brady Bunch). Finally consider the popularization of the concept of trial marriages, of marriage-by-contract as advocated by certain lawyers and social scientists and the appearance of a whole divorce industry including books and kits on how to arrange your own divorce, how to prepare the children for divorce. Along with them has come a veritable army of marriage, divorce, sex and family counsellors, varying widely in skill and clinical sophistication, many of them shockingly lacking in awareness of how much they are acting out their own unresolved marital conflicts through the attitudes and advice they bring to their clients. Taken together, these phenomena have increased the likelihood of couples moving prematurely towards separation as an escape from marital conflict which, before divorce became so available and acceptable an option, would frequently have been resolved. I am not suggesting that remaining together in misery for a life-time or staying together for the sake of the children are preferable options. But I am saying that all too frequently these days separation and divorce are viewed lightly and inappropriately as the treatment of choice for marital conflict and/or masked depression, instead of as a last resort to be turned to only when direct attempts to identify and resolve the underlying problem have failed.

(b) Extreme subjectivism leading to moral relativism.

A second result of this egotistical position is a glorification of one's subjective experience which leads, ultimately, to extreme moral relativism. To such a person, none of the traditional values are considered relevant or binding. All that matters is how he or she as an individual feels about things. Therefore one is free to decide for oneself what drugs to take, whether one is obligated to support oneself or others, how self-destructive to be whether or not to abort the child whose conception no one attempted to prevent, etc.

5. Change in perceived value of mothering and of children.

A fifth cultural shift undermining the nuclear family can be found in the way that parenting -- and especially mothering -- are viewed in our society, and in a diminution of the value of children within our culture.

This down-grading of mothering is partially in response to economic pressures which have forced an increasing number of women to work, but also in response to feminist doctrine. One unfortunate by-product of the feminists' laudable attempts to raise feminine consciousness and to decrease discrimination against women in our society has been the tendency of some of the more militant feminists to downgrade the value of the mother/homemaker role. This reached a peak in the mid 70's, when many middle-class women who chose to be full-time mothers found themselves so soundly attacked that they felt a need to justify their decision to remain homemakers. This down-grading of mothering is not, of course, entirely due to feminism. The current emphasis on zero population growth is summed up by the New Yorker cartoon in which an obviously pregnant wife, trailed by three toddlers of varying sizes and holding the arm of her husband who is pushing a baby carriage, looks worriedly up at him and asks "I wonder who nobody smiles at us any more when we go for a walk in the park?" This cartoon captures the attitude prominent in certain circles in the 70's that to have more than one child is to be at best selfish, if not somewhat antisocial.

At the same time, there has been a steady change in the role of the child in our society. Children are of less economic value than they were in the nineteenth century. They can no longer be counted upon to provide for their parents in their old age as is the case in the Orient and in Europe of the early twentieth century. As society's increasing demand for higher education prolongs the time spent in school or university, we increase their economic dependence on their families. As the evaluation of children in our society decreases, the value accorded the task of bringing up children drops accordingly.

The net result of all these factors is that many young couples feel a reduced commitment to parenting. To the extent that this has decreased social pressure, making it more acceptable for couples who really don't want children to remain childless, that is all to the good. However, many young men and women with little or no commitment to parenting have children anyway. Often they rationalize their failure to meet the attachment needs of their children by arguing that anyone can look after children, so that all that is required of them as parents is merely to bear, clothe, and feed them before placing them in the day-care whose job it is to bring them up.

6. Transfer of traditional functions from family to community.

This brings us to another fundamental change in our society. Child-rearing is not the only traditional family function that has been transferred from the family into the community. We now expect society, to an increasing extent, to rear our children, to provide their sex education, to discipline and socialize them, to teach them to think and behave morally and ethically, to care for their parents when they can no longer care for themselves, etc. But, as Ivan Illich and Christopher Lasch have warned, the more the family becomes dependent on society's institutions to fulfill its traditional functions, the less competent and confident the family is of its ability to perform traditional family roles and functions, including that of child-rearing.

All this is further aggravated by a breakdown of many of society's traditions and values, including traditions of child-rearing. Into the resulting vacuum, springing up like so many mushrooms, has stepped a variety of so-called experts on child-rearing, whose knowledge and advice range from the most naive and simplistic to extremely sophisticated and developmentally sound. Unfortunately, a public seeking simple answers to cover every eventuality has little ability to separate the scholars from the dilettantes and charlatans. As a result, inappropriate advice is often swallowed indiscriminately by harrassed and confused parents, desperately seeking simple answers to complex questions. In view of the complexity of child development, it is not surprising that many of the experts disagree and contradict each other. It is not uncommon to run across families that have flip-flopped from Dr. Spock through Dreikers and Active Listening to Parent Effectiveness Training or adaptations of Behaviour Therapy. All too often, such floundering parents uncritically swallow whole and with unquestioning reverence each new method, technique or behavioural cult -- whether or not it fits their situation, whether or not it is clearly understood or is compatible with their personalities and their natural instincts. They learn to play the parent role (i.e. to dabble with a technique, as if one were following a script or trying on a hat) not to be parents. The difference, of course, is one of inherent conviction. Where that conviction is lacking -- where parents are merely role-playing -- children sense it, with frequently disastrous results on the socialization process.

But at the same time that we, as a society, are turning increasingly to the experts or authorities to tell us how to raise our children, we are simultaneously experiencing an unprecedented loss of faith in our experts and in social and political institutions of all kinds. Even back in 1969, Solnit was writing

> "The entire world is in a state of threatening upheaval. Unrest is the major mood of our one world".

If this was true in 1969, how much more true is it today? As a result of the increasing suspicion of all our major institutions, we are experiencing a widespread mistrust of the experts, of the politicians, of big business, of organized labour, of the school system, of the postal service, of our hospitals, of all the institutions of our society. As a result of the increasing cynicism this engenders, more and more families fail to bond to and, consequently, become alienated from, society. We have learned to expect hypocrisy and dishonesty from our advertisers, from our politicians, from the advertising agencies that package and merchandise our politicians, from our newspapers, from our teachers, from our doctors, from everyone but that small circle around us whom we feel we can trust. This process of alienation is aggravated by the loss of traditional social ties resulting from greater geographic mobility and discontinuity, from the loss of involvement with extended family and from the widespread turning away from traditional religious influences. This breaking with our pasts has, according to Rakoff, led to an increasing failure of families to bond to society and to feel connected with and bound by our cultural traditions and values. Rakoff suggests that such an alienation of families from society contributes to defective identify formation in the adolescents growing up in those families. Some of them become mired down in existential depression, characterized by purposelessness, aimlessness, lack of productivity and identity diffusion. While agreeing with Rakoff in all of the above, I would go further and suggest that in other, more aggressive adolescents, the failure to bond to society leads to some of the more aggressive forms of alienation, namely antisocial and asocial behaviour, vandalism and an increasing predisposition to violence.

Psychoanalysts have reached much the same conclusion via a different route. Blos argues that early adolescence is characteristically featured by a withdrawal from the family and by a degree of regression typical of this developmental stage. These act together leaving the young adolescent temporarily deprived of the emotional support of the parents, and therefore enormously in need of an alternate caretaking and tension-relieving environment that can provide the support and affirmation lost through the devaluation of the parents. At the same time, the adolescent's weakening tie to his parents undermines his identification with them, thus diminishing his susceptibility to their value system. Some such regression and withdrawal from parents is an essential step in normal adolescent progress towards individuation. But adolescents are in danger of becoming stuck or fixated at this regressed stage. Those who enter adolescence with their earlier developmental needs still unmet are particularly prone to such a fixation. All adolescents, however, can experience such a block unless, throughout this period, they receive adequate support from their families and from society. Thus, in this era of rapid social change featured by confusion and breakdown of traditional values, adolescents desperately need clear-cut guidelines, limits and values which they can draw upon, push against and test in order to help them consolidate their control over their own impulses and behaviour and to further the development of their own internalized value system. Parents who are confused and uncertain, or those who lack conviction about their own values will find it difficult to provide this support. So will a society that is characterized by rapid change, disorganization of social structures and cynical corruption of professed public ideals. Thus for the vulnerable adolescent, failing to find either in parents or in society the moral guidelines he is seeking, there is danger that what should be a time-limited, stage-specific regression may become dangerously exaggerated or, even worse, significantly prolonged. This is more likely to occur if the adolescent becomes absorbed into a peer group whose members support each others' conflicts, pathological defences and continued regression while at the same time providing the narcissistic support members need to restore their dangerously low self-esteem. This grouping together on the basis of shared common problems (psychopathology) favours prolonged alienation, prolonged ego diffusion, continued inability to commit oneself to anyone or anything. It often favours excessive use of alcohol and other drugs, or vandalism, violence and other forms of antisocial behaviour, instead of helping support the adolescent to get on with the job of re-establishing control over his impulses and proceeding to somehow come to terms with the gap between youthful idealism and practical realities.

At this point, let us review where we are. I have tried to document some signs of an increasingly prevalent adolescent upset and unrest. I then hypothesized that changes occurring in the modern family and in contemporary society suggest that an increasing percentage of adolescents will enter the 80's with their basic needs unmet, leaving them prone to developmental distortion and arrest. Unless we as a community can counter-act this trend, we can anticipate more alienation, more adolescent depression, more teenage vandalism and more youthful violence. This brings us to the ultimate question: is there anything we as a society can do to reverse this trend?

First, let me state categorically that no group I know of, certainly not child psychiatrists, has an adequate answer to that question. We are dealing with a phenomenon so widespread and so closely related to changes in contemporary society that it goes far beyond a matter of disturbance in individual adolescents and their families. There are certain social realities which, like it or not, are facts of modern society. Psychiatry, whatever it offers certain selected families, cannot reverse the trend away from the traditional nuclear family. We cannot significantly decrease the number of families where two parents work, nor can we slow the pace of change, supply jobs for all, or provide the answers to society's relentless questioning of traditional values. Psychiatry can do even less to restore integrity and morality to public life than can the organized religions that have been judged irrelevant by a large segment of society. Nor can the mental health professions provide hope for those for whom lifelong poverty, repeated school failure and functional illiteracy, chronically high levels of unemployment and lack of marketable skills threaten with the prospect of remaining forever without the status and comforts possessed by the more affluent minority within society. For many of these whom society has left behind, feelings of alienation and resentment are an understandable response to a society most of whose benefits remain beyond them, not a sign of psychopathological disorder

How, then can we help strengthen at least some vulnerable adolescents and their families to survive the pressures endemic in our society without slipping into the various forms of alienation discussed above. While this list is by no means exhaustive, there are several interventions which merit our consideration.

1. Earlier it was suggested that children whose developmental needs have not been adequately met are particularly vulnerable to pathological alientation during adolescence. We could do much more to ensure the widespread meeting of children's developmental needs if we, as a society, were less ambivalent about providing more and better day-care for working mothers. Some argue that the provision of readily available, low-cost, high-quality day care is subsidizing the children of working mothers or merely encouraging more mothers to join the work force, etc. The last decade has shown that a shortage of adequate day-care will not keep mothers from working; it will only force them to place their children in inferior care, thus increasing the likelihood that their developmental needs will not be met, and exposing them to an increased risk of exaggerated and prolonged alienation. Here in Ontario, the Ministry of Community and Social Service's reluctance to make available the funding necessary to ensure sufficient high-quality day-care at prices all can afford, and the former Minister's repeated statements that subsidized day care is not a right confirm the discrepancy between COMSOC's official position - that it is dedicated to prevention - and its actual practices. It is this discrepancy that was referred to in the Social Planning Council's Policy Report: Metro's Suburbs in Transition:

   > "Provincial Statements which affirm prevention as a central children's services objective and cite the family as the essential unit of society, are not backed up in programs and resources. There is an unwillingness to invest in children during critical periods of their development." (p. 185)

2. We should make special efforts to identify and provide services for children at particularly high risk for developmental failure. Children being raised by a single parent, and those with a chronic illness or

physical handicap are especially vulnerable. Some single parent families and families with a handicapped member, of course, have the personal resources and the support of relatives, friends, church and single parent groups, etc. - to function admirably despite the additional burden. For many others, however, the burden of dealing with a handicapped member or of having to bring up several rowdy children on their own can provide overwhelming. This is especially so for those isolated from extended family, lacking in friends and community supports, near or below the poverty line, and immobilized by chronic depression. Day-care programmes for children of such families should be combined with programmes devised to meet the needs of often badly over-burdened parents who, without external encouragement and support, often are left so exhausted by the struggle for survival that they have little left over to meet their children's needs.

3. We must counteract the myth that it doesn't require any particular skill or effort to bring up children successfully. The importance of having parents who are both loving and committed even if - or especially if -those children spend the day in day-care, needs to be brought home to the general public. We must isolate and counter some of the more commonly destructive myths of our time, myths with which some members of the mental health professions have all too often naively colluded in the past. Statements like, "it doesn't matter to kids whether or not parents stay together" or, "when a teenager is in conflict with his parents, he's usually better off living away from home." We must learn to recognize and, when necessary, deal with the results of social realities such as rising divorce rates, the problems of adjustment to reconstituted families and the premature and traumatic geographical separation of adolescents from their families if developmental damage is to be minimized. We must avoid the trendy and all too common use of foster or group homes in those cases where we should instead be helping families face and deal with psychological conflicts related to their adolescent's struggle towards individuation. Finally, although it is not for us to decide what parents should believe, we must do what we can to help demoralized parents learn that it's important to their children as well as to them that they believe in something, and that they have some set of values which they can put to their children with clarity, with conviction and with consistency. Intimidated parents must hear that adolescents need to know where their parents stand, whether they like it or not. Short-term popularity and buddy-buddy status bought by a policy of appeasement lead to eventual contempt, while integrity and consistency, though at times resented, are essential for the development of character and the maintenance of self-respect.

4. Consider next why some children, despite extremely adverse conditions, seem to escape damage despite chronic exposure to a variety of severe environmental stresses. Michael Rutter and his colleagues have studied the development of those important individuals "who overcome adversity, who survive stress and who rise above disadvantage". Rutter has emphasized the cumulative effect of environmental stresses in causing psychiatric disorder in children. The total effect of several interacting stresses is greater than the sum of the effects of the same stresses occurring individually. A corollary to this is that even if we cannot eliminate all environmental stresses acting on a given child, by decreasing the number of simultaneously

acting stresses by even one or two (e.g. from 4 to 3) we may decrease the number of children showing a psychiatric disorder by about two-thirds.

While these studies are still in their early stages, Rutter has also identified a number of factors which seem to protect children from the development of psychiatric disorder. A stable relationship with an adult, possibly a big brother, a teacher, a club-leader or a therapist, seems to have protective effect. So does good scholastic achievement, presumably by increasing the child's self-esteem. Other studies are exploring whether success in other areas (e.g. sports and music) has a similar protective influence. Under conditions of chronic stress and poverty, strict parental supervision - even when appearing at times harsh and arbitrary - seems even more effective in preventing delinquency than does a happy family atmosphere. Finally, and probably even more significant, Rutter has demonstrated conclusively that certain schools are able to protect many children who showed behavioural deviance in primary school from further delinquency in adolescence.

The school is the one agency in our society through which all children pass. Rutter has proven that good schools can facilitate normal development, even in children from deprived and disadvantaged homes. Furthermore, it is not the physical structure, the size of the school or the staff-student ratio that seem to make the difference. Rather the protective potential of some schools seems to be found in their nurturing and supportive "atmosphere". Rutter clearly states that schools which have a stated philosophy and agreed-upon policies of teachers vis-a-vis students, that provide children with more outings and have teachers available for extra help do better with and for their pupils than schools which do not have such a structure.(35) If, as I suspect, these are schools where strong teacher-pupil relationships are more likely to be formed, and if it is true that, generally speaking children learn better in a warm and facilitating environment, such schools could be expected to produce more than their share of high achievers. Thus such a school could offer not one but three protective factors, whose combined preventive effect would hopefully be more than that of the factors operating singly. I'm not talking about one method of teaching as opposed to another, about open or closed classrooms, about permissiveness, lowered academic standards, coddling of students, etc. I'm talking about the quality of relationships, the genuine respect and caring some teachers and other school personnel have for students. It is not a technique, a fad or a gimmick to be learned and performed in an artificial or manipulative way. Children will sense and reject what is insincere, and will respond only to genuine concern and commitment. The implications, for teacher selection, training and in-service education are enormous and obvious.

REFERENCES:

(1) BOWLBY, J. Attachment and Loss. Vol. 1: Attachment. New York, Basic Books, 1969.

(2) BOWLBY, J. "The Making and Breaking of Affectional Bonds". J. Brit. Psychiat. Vol 130: pp. 207, 1977.

(3) BOWLBY, J. Attachment and Loss. Vol. II Separation: Anxiety and Anger. London, Hogarth Press; New York: Basic Books, 1973. (especially Chapter 15 onwards).

(4) FREUD, A. "Discussion of Dr. John Bowlby's Paper". Psychoanalyt. Stud. Child. Vol 15: pp. 53-62, 1960.

(5) RUTTER, M. "Matenal Deprivation Reconsidered". J. Psychosomat. Research. Vol 16: pp. 241-50, 1972

(6) LORENZ, konrad. On Aggression. New York, Harcourt, Brace & World, Inc., 1966.

(7) ARDREY, Robert. The Territorial Imperative: A Personal Inquiry into the Animal Origins of Property and the Nations,. New York, Dell Publishing Co., 1966.

(8) MONTAGU, Ashley, Tfhe Nature of Human Aggression. New York, Oxford University Press, 1976.

(9) ROBSON, B. and MINDE, K. "Normal Child Development". in Psychological Problems of the Child and His Family. STEINHAUER, P.D. AND RAE-GRANT, Q. (eds.) Toronto, MacMillan of Canada, 1977.

(10) MAHLER, MS.; PINE, F; and BERGMAN, A. The Psychological birth of the Human Infant, New York, Basic Books, 1975.

(11) KOHUT, H. and WOLF, E.S. "The Disorders of the Self and Their Treatment: An Ourline." Int. J. Psychoanal. 59: pp. 413-426, 1978.

(12) STEINHAUER, P.D. "How To Succeed in the Business of Creating Psychopaths Without Even Trying". April 1979. (Unpublished). Available on request.

(13) HARMAN, A. Contribution to Panel on Diversity of Families presented at the Annual Conference of the American Orthopsychiatric Association Toronto, Canada, April 9, 1980.

(14) STEINHAUER, P.D., SANTA-BARBARA, J. and SKINNER, H. 'The Process Model of Family Functioning". (in press)

(15) MURDOCH, I. "The Sublime and the Good". Chicago Review, XIII, p. 42, (Autumn) 1959.

(16) FLASCH, C. The Culture of Narcissism, New York, Warner Books, 1979.

(17) SHORTER, E. The Making of the Modern Family. New York, Harper and Row, 1975.

(18) ILLICH, I. Limits to Medicine - Medical Nemesis: The Exploration of Health. Harmondsworth, Middlesex, England; Penquin, 1976.

CHAPTER I

CHILD DEVELOPMENT AND NORMAL ADOLESCENCE

Erikson (1950) based his psychosocial theory on four major organizing concepts that are now considered fundamental to the understanding of adolescence. They are:

a) The stages of normal development

b) The developmental tasks associated with each stage

c) The psychosocial crises that may accompany each stage, and

d) The process of coping.

The theory suggests eight stages of psychosocial development. At each stage, the person is confronted with a unique problem which requires him to integrate his own needs and skills with the particular social demands of his culture or ethnic group. Newman and Newman (1976) as well as many other authorities in the field of child welfare expand the number of stages to nine by discussing two stages of adolescence rather than one.

Basic to the theory of developmental stages is the assumption that one moves from one stage of development to another when certain psychological events have occurred. In addition, a further assumption is that the psychological development that takes place at each stage will have a significant impact on subsequent stages.

Developmental Tasks

The developmental tasks consist of a set of skills and competencies that are acquired by the individual as he gains increased mastery over his environment. The gains may be noted in motor skills, intellectual skills, social skills, and emotional skills. The success with which an individual masters the tasks of later stages of development, particularly adolescence often depends on successfully acquiring earlier and simpler skills. For example, one of the critical developmental tasks of infancy is developing a social relationship with the mother.

This task presents itself early in the person's development and must be mastered at this time of life. The person's ability to develop warm and rewarding friendship and marriage relationships depends, to some extent, on his having been able to develop an initial sense of attachment (bonding) to a mother figure. The special complications for adolescence who fail to establish such a bond, or having bonded, suffer an inappropriate or unresolved separation from the mother figure will be examined in detail in a subsequent chapter of this training program.

Table I presents the developmental tasks of each psychosocial stage as originally presented by Erikson (1950) and expanded further to include two stages of adolescence as suggested by Newman and Newman (1976).

This material is based on the work of Erikson, E., Childhood and Society. New York, 1950. It was further expanded by Newman, Philip R. and Newman, Barbara M. and appeared in Adolescence, Vol. XI, No. 42, 1976.

TABLE 1

Development Tasks of Nine Life Stages*

LIFE STAGE	DEVELOPMENTAL TASKS
INFANCY (Birth to 2 years)	1. Social Attachment 2. Object Permanence 3. Sensorimotor Intelligence and Primitive Causality 4. Maturation of Motor Functions
TODDLERHOOD (2-4)	1. Self Control 2. Language Development 3. Fantasy and Play 4. Elaboration of Locomotion
EARLY SCHOOL AGE (5-7)	1. Sex Role Identification 2. Early Moral Development 3. Concrete Operations 4. Group Play
MIDDLE SCHOOL AGE (8-12)	1. Social Cooperation 2. Self Evaluation 3. Skill Learning 4. Team Play
EARLY ADOLESCENCE (13-17)	1. Physical Maturation 2. Formal Operations 3. Membership In The Peer Group 4. Heterosexual Relationships
LATER ADOLESCENCE (18-22)	1. Autonomy From Parents 2. Sex Role Identity 3. Internalized Morality 4. Career Choice
EARLY ADULTHOOD (23-30)	1. Marriage 2. Child Bearing 3. Work 4. Life Style
MIDDLE ADULTHOOD (31-50)	1. Management of the Household 2. Child Rearing 3. Management Of A Career
LATER ADULTHOOD (51-)	1. Redirection of Energy to New Roles 2. Acceptance of One's Life 3. Developinging a Point of View About Death

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*Newman R. and Newman B., "Early Adolescence and Its Conflicts". Adolescence, Vol. XI, No. 42, P.262.

The Psychosocial Crisis

Erikson, (1950) in defining the concept of the psychosocial crisis refers to the individual's psychological attempts to adjust to the demands of his social and cultural environment at each stage of his development. The word crisis, in this context, refers to a normal set of stresses and strains rather than an extraordinary set of circumstances. It is important to note that this use of the word "crisis" is not the same as the definition used when crisis theory and crisis intervention are being considered. In the latter, the concept of "crisis" does refer to extraordinary circumstances.

Erikson (1950), suggests that at each stage of development the society within which one lives makes certain psychic demands upon each individual. These demands differ from stage to stage. They are experienced by the individual as mild but persistent guidelines and expectations for his behaviour. As one nears the end of a particular stage of development he is forced to make some type of resoltuion - adjusting himself to the demands of his society while, at the same time, interpreting the demands of society into personal terms.

This process produces a certain state of tension within the individualf which must be reduced in order for the person to proceed to the next stage. It is this tension state which is called the psychosocial crisis. The psychosocial crisis of a stage forces the person to utilize developmental skills which have only recently been mastered. There is, therefore, an inter-relationship between the developmental tasks of each stage and the psychosocial crisis of that stage. In addition, resolutions of previous crises influence resolutions of current and future crises.

Table 2 lists the crises of each of nine stages of development from infancy to later adulthood. The crises are expressed in polarities, trust vs. mistrust, autonomy vs. shame and doubt suggesting the nature of a successful or unsuccessful resolution of the crisis at each stage. It should be noted that the likelihood of a completely unsuccessful resolution is quite small. On the other hand, some element of the negative pole is expected to be experienced by each person in his effort to confront and resolve the crisis of each stage.

TABLE 2

The Psychosocial Crises of Nine Life Stages

LIFE STAGE	PSYCHOSOCIAL CRISES
INFANCY (Birth to 2 yrs.)	Trust vs. Mistrust
TODDLERHOOD (2-4)	Autonomy vs. Shame and Doubt
EARLY SCHOOL AGE (5-7)	Initiative vs. Guilt
MIDDLE SCHOOL AGE (8-12)	Industry vs. Inferiority
EARLY ADOLESCENCE (13-17)	Group Identity vs. Alienation

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*op. cit. P.263

LATER ADOLESCENCE	Individual Identity vs. Role Diffusion
EARLY ADULTHOOD (23-30)	Intimacy vs. Isolation
MIDDLE ADULTHOOD	Generativity vs. Stagnation
LATER ADULTHOOD	Integrity vs. Despair

The Process of Coping

The coping process refers to the active efforts on the individual's part to resolve, eliminate, or minimize stress and to create new solutions to the problems that face him at each developmental stage. The focus of this training program is on the process of growth and coping rather than on deterioration and defence. The confrontation between an individual and his environment is an essential component of psychological coping.

These are three components of the coping process:

a) The ability to gain and process new information

b) The ability to maintain control over one's emotional state, and,

c) The ability to move freely within one's environment.

Coping can be understood as behaviours that allow for the development and growth of the individual not merely the maintenance of equilibrium in the face of threat. Newman and Newman (1976), use the illustration of a high school's graduate's strategies for coping with the challenge of university. Those who go to the campus, talk to students from the college, start the reading for courses they will have to take or take summer jobs where they will be interacting with college students are doing more than re-establishing homeostasis. They are devising coping devices which will lead to an increase in information about the setting, and to increases in competence.

We can summarize Erikson's approach to adolescence by stating that each stage of psychosocial development can be characterized by the developmental tasks that are accomplished during that stage, the predominant source of psychosocial tension of the stage, and the central coping process necessary for successful adoptation during the stage.

Two Stages of Adolescence

The word adolescence is traditionally used to describe young people in the age range that varies from eleven to twenty-one. Most psychological theories have almost invariably considered adolescence to be a single stage. However, after their assessment of the current literature, (Newman and Newman, 1976, p. 265) come to the conclusion that;

> "there are two separate and distinct periods of psychosocial development which occur during this stage. One period begins with the onset of puberty and ends with graduation from high school (or roughly around eighteen years of age). This 'early' stage of adolescence is characterized by rapid physical changes

> and a heightened sensitivity to peer approval. The psychosocial crisis of this period is group identity vs. alienation. The second or later stage of adolescence begins at approximately eighteen years of age and continues for about three or four years. This stage is characterized by the attainment of autonomy from the family and the development of a sense of personal identity. The psychosocial crisis of this period is individual identity vs. role diffusion. The second adolescent stage closely parallels Erikson's conceptualization of the entire period of adolescence.
>
> **Early Adolescence**
>
> Drawing from the research literature, four developmental tasks of early adolescence can be identified. They include physical maturation, the attainment of formal operational thinking, the attainment of membership in the peer group, and the development of heterosexual relationships.
>
> Briefly, physical maturation refers to the bodily changes that accompany puberty. They include the height and weight spurts, the elaboration of primary and secondary sex characteristics, the maturation of the reproductive system, and the accompanying psychological changes which this growth fosters.
>
> Formal operational thought refers to Piaget's notion of a qualitatively new conceptual capacity during adolescence. Formal operations include the ability to think hypothetically, that is to formulate hypotheses about the consequences of one's behaviour, to anticipate future events, to identify the logical implications of events, and to assess one's hypotheses on the basis of new information.
>
> Peer group membership involves the development of close friendship bonds among age mates and the process of personal assessment about which peers will make satisfying companions.
>
> Heterosexual relationships require a reformulation of one's sex-role and the development of social skills that are appropriate to the cultural norms surrounding dating behaviour
>
> Each of these tasks preoccupies the energy of the young adolescent. As he achieves competence in each task, he is able to move more smoothly through his social world and to experience an increased sense of selfhood."

Group Identity vs. Alienation

There is an additional psychosocial conflict which confronts an individual as he makes the transition from childhood to adolescence. This is group identity vs. alienation. Throughout this stage the adolescent experiences considerable pressure to ally himself with a group of his peers. The pressure is derived from three primary sources; the family, the peer group itself, and the school.

The thirteen or fourteen year old begins to spend increasingly long periods of time away from both home and parents. He may have numerous after-school activities and he seldom even gets home for lunch. He spends an increasing amount of time with his friends and he may even be working at a part-time job. Once the adolescent has a car or the use of a car, he may be away still more and at greater distances from home.

At this same time parents begin to notice that it is difficult to plan for family events for the total family once any of their children reach adolescence. As a result, parents become very aware that they have less and less opportunity to guide or influence their children than had previously been the case. It is at this point that parents become concerned about the other adolescents with whom their children are associating and about the kinds of activities in which their children are participating.

It is at this point that parents begin to ask a lot of questions. These questions, in turn, may be seen by the adolescent as intrusions of their privacy, inappropriate attempts to control them, nagging, or just being "always on their backs". The questions may be about the social status, religious affiliation, race or character of their children's friends and the families of these friends.

Conflict between parent and adolescent usually erupts when parents feel it necessary to discourage or even forbid associations that they feel may be harmful for their child. They often try to encourage certain relationships that they consider favourable or advantageous to their child.

Parent adolescent conflict is minimal when the adolescent peer group associations reflect the parents' values and goals. However, even when this is so, considerable difficulty can be experienced should the adolescent wish to participate in activities the parent does not feel he is ready for. In either case, there is a significant attempt from most parents to influence peer group membership.

Even if adolescents resist or reject parental pressure to affiliate with a specific group of peers, they are unlikely to be able to withstand the demands from their friends to make some kind of peer group committment. The adolescent's circle of friends, his interests and his style of dress quickly link him to a sub-group which has continuity and meaning within the context of his neighbourhood or school. There are demands from within this group to conform to the norms of the group and to demonstrate committment and loyalty to the other group members. There are also expectations from those outside of the group that reinforce the individual's connection to a specific peer group or and prohibit his movement to other peer groups. In sum, the peer group social structure is usually well established in most high school settings, and there is considerable pressure from the members of that social structure upon newcomers to become a member of one peer group or another. The individual who becomes a member of any group is more acceptable to the social system as a whole than someone who tries to remain unaffiliated and aloof.

The final source of pressure for peer group identifiction emanates from the school itself. School adults both passively accept and actively encourage the organization of students into peer groupings. They accept the friendship groups as they exist in the school and do little, if anything, to bring members of different peer groups into a working relationship with one another. They allow students to establish the boundaries, the rivalries and the areas of cooperation in their relationships. In addition, they reinforce some characteristics of the peer group by selecting certain students for certain kinds of tasks. In most schools, for example, members of one peer group monitor the halls and assist in record keeping functions, while members of another peer group fix the teacher's cars and appliances.

There is an implicit acceptance by school adults of the peer group structure as it exists. There is almost no effort on the part of teachers to alter the structure that they may indeed remember from their own high school days. The evolution of a new group may in fact meet some strong resistance from school adults. Explicitly, teachers rely on members of certain peer groups to perform certain functions and to act along certain expected lines. Expectations emanate from teachers as well as students for individuals who dress in a particular way to be members of one peer group or for students who have a particular level of intellectual skill to be members of a particular peer group. School adults often rely on the leaders of the various groups to convey and enforce school norms for acceptable behaviour within their own groups. The peer group structure, then, is an important vehicle for the maintenance of order and predictability within the school. Far from challenging this arrangement, school adults count on it to facilitate their job.

As we see, there is strong pressure from three highly influential sources for the adolescent to make an identification with a specific peer group. The need for peer acceptance and approval comes not only from the adolescent himself but from at least these three other groups in his environment.

Newman and Newman (1976, P.268) state:

> "The adolescent experiences a search for membership, an internal questioning about the group of which he is most naturally a part. He asks himself: 'Who am I am with whom do I belong?' In this process, he begins to evaluate the social implications of his personality. He thinks about his need for social approval and affiliation, his need for leadership or power, and his need for status and reputation. He also scans the range of possibilities that exist within his social environment, and tries to assess himself in relation to the existing social groupings."

A positive resolution of the conflict of group identity versus alienation is one in which the adolescent perceives an existing group which meets his social needs and provides him with a sense of group belonging. It is this sense of group belonging which facilitates the psychological growth of the individual and which serves as an integrating force in his efforts to succeed in the developmental tasks of the stage of early adolescence.

A negative resolution of the conflict leaves one with a pervasive sense of alienation from one's peers. One does not experience a sense of belonging to a group. Rather, one is continually uneasy in the presence of peers. One way that the negative outcome may occur is that parents may press the adolescent to restrict his associations to a particular peer group, but that peer group may not offer the adolescent membership. Another possibility involves the situation where the individual looks over the existing groups and does not find one that would really meet his own personal needs. In this case, he may never become a member of a peer group. Finally, a third possibility is that no peer group offers acceptance or friendship to an individual and he is gradually shut out of all the existing groups in his social environment.

We would emphasize that the negative resolution of this conflict is far less likely than the positive for most adolescents. In this case, however, we begin to see the emergence of personal choice in the resolution of the psychosocial conflict. Also, for the first time, a resolution of the psychosocial crisis does not depend on the relationship of an individual to an adult in his environment but depends heavily on the interaction of an adolescent and his peers.

Peer Group Pressure

The process of affiliating with a peer group involves opening one-self up to the pressure and social influence of that group. This pressure upon the individual provides the context within which the crisis of group identity vs. alienation is resolved. The adolescent is at the point in his intellectual development where he is able to conceptualize himself as the object of expectations. These expectations may be perceived by the adolescent as a force drawing him to be more than he thinks he is, that is to be braver, to be more outgoing, to be more confident, etc. In these cases, peer pressure has a positive effect on the adolescent's self-image and serves as a motive for group identification.

As a member of a peer group, the adolescent has more influence than he would as a single individual. He begins to understand the value of collective enterprise. In offering him membership the peer group expands his feelings of self-worth and protects him from loneliness. When conflicts develop in the family, the adolescent can seek comfort and intimacy among his peers. In order for the adolescent to benefit in these ways from his peer group affiliation, he must be willing to supress some of his individuality and to find pleasure in focusing on those attributes which he shares with his peers. We would not suggest that total conformity is demanded within the peer group. In fact, most peer groups depend on the unique characteristics of their members to lend definition and vigor to the roles that emerge within the group. However, we do see that the peer group places considerable importance on some maximally adaptive level of conformity in order to bolster the structure of the group and to strengthen its effectiveness in satisfying members' needs. In fact, most adolescents find some security in the peer group demands to conform. The well-defined characteristics of the group lend stability and substance to the adolescent's view of himself. In complying with group pressure, the adolescent has an opportunity to state, that he is someone and that he belongs somewhere.

The adolescent may perceive peer expectation to be in conflict with his personal values or needs. For example, the adolescent may feel that his intellectual skills are devalued by peer group, that he is expected to participate in social functions that he does not enjoy, or that he is encouraged to be more independent from his family than he prefers to be. In most cases the adolescent's personal values are altered and shaped by peer group pressure in order to increase the similarity between himself and the other group members. If, however, the peer group expectations are too distant from the adolescent's own values, then the possibility of a satisfying group identification is made much more difficult. The adolescent, in this case, would always be experiencing tension and conflict in trying to balance the allure of peer group membership with the cost of abandoning his own beliefs. This persistent conflict and tension is painful and confusing to the adolescent. If he moves closer to the peer group he finds the tension increasing, perhaps to an uncomfortable level. He must, therefore pull back from the group. In doing this, his own values dominate and he returns to a level of emotional arousal which is tolerable for him. If the costs of approaching the peer group become too great emotionally, the adolescent may never truly open himself up to the group pressures mentioned earlier. Therefore he will never be able to successfully establish the sense of group identity which is so central to psychosocial growth during this period of life. An inability to reduce the tension and conflict between group pressure and personal values produces a state of alienation where the individual is unable to identify with social groups and is estranged from having personal friends.

Examples

The dynamics of the psychosocial crisis of group identity vs. alienation can be more clearly understood in the light of several phenomena that are observed among adolescents during this stage.

Individual Differences in Maturation Rate

We have discussed the importance of physical maturation for the adolescent's changing self-image. One of the characteristics of this physical change is that it takes place at different rates for different individuals. It has been noted that boys who mature later than their age-mates experience considerable psychological stress and develop a negative self-image. Boys who mature earlier than their age-mates, on the other hand, tend to be given increased responsibility by parents and teachers and they develop a positive self-image. Adolescent boys, therefore, are not only responding to the physical changes that are taking place within them, but to the cultural expectations that are associated with physical development. Late maturing boys are treated as if they are younger than they really are. They are often isolated from their peers and forced to behave in a silly, childish manner in order to gain attention.

For girls the situation with regard to early and late maturation is somewhat different than it is for boys. Both early and late maturing girls experience some tension with regard to physical development. In neither case are the effects on self-image as clearly detrimental as are the effects on late-maturing boys. Since girls mature about two years sooner than boys, the early-maturing girl stands out among all her age-mates - male and female. Her stature and breast development violate the cultural equation of femininity with petiteness. For a time, at least, she is embarrassed by her femininity because she looks so different from her peers. The late-maturing girl is maturing at about the same time as the average boy. For this reason, she may feel somewhat isolated from her female friends and less involved in the sexual exploration taking place between boys and girls in her peer-group.

These examples of the psychological impact of the timing of physical maturation serve to highlight the adolescent's vulnerability to social expectation during this time of his life. Due to no particular fault of his own, the adolescent may become isolated from his peers because of his physical growth pattern. Individuals who deviate from the normal growth pattern are often rejected from the group because they look different and because they are experiencing different psychological events than most of the group members. The one exception to this pattern is the early maturing boy who represents leadership characteristics to which the other boys aspire.

Determinants of Peer Group Status

Another phenomenon which helps us to understand the crisis of group identity vs. alienation involves the emergence of criteria for social status during adolescents. For males the determinants of social status that have been studied include: physical appearance, athletic skill, participation and leadership in extra-curricular activities, academic performance and socio-economic standing of the family. For females the determinants of status that have been studied include: physical appearance, dress, popularity with boys, participation and leadership in extra-curricular activities, academic performance and socio-economic standing of the family. Researchers tend to agree that being rated highly on a number of dimensions produces higher status than being well-rated on a single dimension. Academic performance does not tend to increase one's status except when combined with other highly valued dimensions. The specific cluster of characteristics that determine status will vary somewhat from school to school depending on the socioeconomic standing of the district from which the school draws its students. The determinants of status are primarily generated and evaluated by the peer group. It is, then, a fact of life during adolescence that the peer group evaluation of the individual is a major determinant of one's associations, activities and self-assessment. One's sense of group identity is an important indication that one has achieved a place in the status hierarchy of the social system of his school.

The High School Drop-out

The school drop-out can be seen as an extreme example of the power of peer group membership during early adolescence. If the culturally accepted roots to status with the school are not open to an adolescent, he will leave the school environment in order to save face with his peers. In some cases, the peer group actively opposes success in school and dropping out is a way affirming peer group membership. The decision to drop out of school makes most sense if one interprets it as a statement to the peer group audience rather than to the community adult audience. The drop-out is telling his peers either that he is going along with their norms and values by rejecting the school or that he feels that he has been rejected from peer group membership. In the first case, we have an example of extreme peer group committment. In the second case, we have an example of extreme alienation.

The early adolescent is engaged in a process of self-evaluation within the context of his peer group. He is extremely self conscious of the opinions others hold of him and he is pre-occupied by the need for peer acceptance. The peer group can bolster the adolescent's sense of confidence or present continuous pressures for conformity and compliance. In most cases, peers adjust to the eccentricities of their group members and provide an atmosphere of mutual support for trying on adult roles. In extreme situations, the adolescent is unable to meet the social expectations that permit membership into any peer group. Either by his own choice or because of social rejection he finds himself unable to identify with any of the existing groups. If he is extremely resourceful, he may create his own new grouping. On the other hand, it is likely that he will experience a strong sense of alienation from his peers and some degree of self deprecation.

The following concepts highlight the psychology of the adolescent:

1. During the entire adolescent period, but most noticeably during early and middle adolescence, the individual is greatly influenced by four pervasive needs:

    a. the need for status and acceptance;
    b. the need for independence and self assertion;
    c. the need for achievement and competence; and,
    d. the need for role experimentation.

Satisfaction of these needs is dependent upon parents and peer group. They are the external sources of satisfaction. For these needs to be fully gratified requires maturity of personality and consolidation of ego identity, which, for most youth, takes place during the later adolescent years.

2. An additional cluster of "need" also exerts dramatic influence on the life of the adolescent. They are:

    a. self importance (the need to affirm self-significance);
    b. significant contribution (the need to contribute to important work);
    c. introspection (the need to analyze and synthesize one's self);
    d. future pull (the need to incorporate the future into one's world view);
    e. sampling identities (the need to give expression to all facets of one's personality);
    f. making a difference (the need to register impact on the social and physical world).

The pursuit of these "needs" motivates a good deal of adolescent behaviour. Emotional stability, in large measure, is based upon their gratification, and anxiety is greatly increased by their deprivation.

3. A humanistic view of the adolescent should take into account the total personality.

4. Normal needs and desires, when carried to extremes, take over the personality. When this happens they acquire many of the self-defeating characteristics of a neurotic coping reaction and therefore, may be considered unhealthy.

The following principles are suggested as guidelines for the workers in Children's Aid Societies in working directly with adolescents or as a framework for the guidance and counselling of parents attempting to deal with their adolescent children.

Principles of Natural and Logical Consequences

1. Reward and punishment deny adolescents the opportunity to make their own decisions and to be responsible for their own behaviour.

2. Natural and logical consequences require adolescents to be responsible for their own behaviour.

3. Natural consequences are those which permit adolescents to learn from the natural order of the physical world - for example, that not eating is followed by hunger.

4. Logical consequences are those which permit adolescents to learn from the reality of the social order - for example, adolescents who do not get up on time may be late to school and have to make up work.

5. For consequences to be effective, the adolescents involved must see them as logical.

6. The purpose of using natural and logical consequences is to motivate adolescents to make responsible decisions, not to force their submission. Consequences are effective only if you avoid having hidden motives of winning and controlling.

7. Be both firm and kind. Firmness refers to your follow-through behaviour. Kindness refers to the manner in which you present the choice.

8. Talk less; act more.

9. When you do things for adolescents that they can do for themselves, you are robbing them of self-respect and responsibility.

10. Differences between punishment and logical consequences:

    a. Punishment expresses the power of personal authority. Logical consequences express the impersonal reality of the social order.

    b. Punishment is rarely related to misbehaviour. Logical consequences are logically related to misbehaviour.

    c. Punishment tells the child he or she is bad. Logical consequences imply no element of moral judgment.

    d. Punishment focuses on what is past. Logical consequences are concerned with present and future behaviour.

    e. Punishment is associated with a threat, either open or concealed. Logical consequences are based on good will, not on retaliation.

    f. Punishment demands obedience. Logical consequences permit choice.

11. Avoid fights; they indicate lack of respect for the other person. Do not give in; that indicates lack of respect for yourself.

12. Steps in applying logical consequences:

    a. Provide choices and accept the adolescent's decision. Use a friendly tone of voice that communicates your good will.

    b. As you follow through with a consequence, assure adolescents that they may try again later.

c. If the misbehaviour is repeated, extend the time that must elapse before the child tries again.

13. Be patient. It will take time for natural and logical consequences to be effective.

References

(1) Bachman, J. G. et al. Working Paper 1: Blueprint for a Nationwide Longitudinal Study of Adolescent Boys. Ann Arbor, Mich.: Institute for Social Research, 1967.

(2) Bales, R. F. Personality and Interpersonal Behavior. New York: Holt, Rinehart and Winston, 1970.

(3) Coleman, J. The Adolescent Society. New York: Free Press, 1961.

(4) Douvan, E. and Adelson, J. The Adolescent Experience. New York: Wiley, 1966.

(5) Dwyer, J. and Mayer, J. "Psychological Effects of Variations in Physical Appearance During Adolescence," in R. E. Muuss (ed.), Adolescent Behavior and Society: A Book of Readings, pp. 64-82. New York: Random House, 1971.

(6) Erikson, E. Childhood and Society. New York: Norton, 1950.

(7) Newman, Philip R. and Newman, B.M., "Early Adolescence and Its Conflict," Adolescence, Vol. XI, No: 42, 1976.

CHAPTER II

ADOLESCENT SEXUALITY

Adolescent sexuality has received scant attention in the developmental research and literature on adolescence. Both the inattention to the subject as a whole and the relative scarcity of information may be attributed to the sex-negative attitudes of society, and the research difficulties involved.

However, during the last thirty years many changes in societal attitudes toward sexuality have taken place. The work of Kinsey, and Masters and Johnson have contributed significantly to a sounder knowledge-based understanding of American sexual behaviour.

The search for personal identity is the primary theme of the adolescent period. The integration of sexuality within a personal concept of self takes place regardless of the amount of sexual experience or knowledge. Physiological changes take place in every individual and result in an increased sex drive and tension. These, in turn, initiate the onset and rate of development of heterosexual interests. The interaction of these changes with adolescent social role experimentation, classification of values and goals, development of interpersonal attitudes, and the testing of autonomous behaviour result in the adolescent period being one of the most dynamic periods in the life span of the individual.

Wagner (1980, P. 567) states that:

> "In the area of social role experimentation, adolescents not only want to experience what it is like to be a worker and provider, but also what it is like to be a date partner and a lover. They test out values and beliefs related to masturbation, homosexual contact, kissing, petting, and intercourse. They become more concerned about their physical appearance and question personal attractiveness and sex appeal; some evaluate themselves on a masculinity-femininity continuum.
>
> Not only do adolescents question what they want from work and family, but also what they want from relationships with peers of the same or opposite sex. They begin to formulate preferred courtship styles, sex-object preferences, and sexual behaviour preferences. The young also examine the interpersonal aspects of sexuality, and evaluate its expression in the context of short- and long-term relationships, as well as its impact on self and peer status."

Many adolescents expand their ability to function independently when they begin petting, premarital intercourse, or even dating. The frequent guilt arrising from such experimentation provides ample experience for testing autonomous behaviour in conflict situations. As a result values are defined and clarified.

The above material is based on the research of Carol A. Wagner (1976 through 1980).

Knowledge About Sexuality

Adolescents have a variety of ways of obtaining sex information. Peers are undoubtedly one of the more important sources although they may be more important to males than females. Reading is another important source of information for teenagers. Adolescents today are more likely to receive important information from mothers than from their peers of the same sex. However, parents continue to rate poorly in the entire area of communicating much needed information.

The literature suggests that girls often receive information about menstruation from their mothers but do not necessarily discuss other aspects of their developing sexuality with them. Most parents of preadolescents are much more likely to discuss topics that relate to body function than those reated to erotic issues. Teenagers are expected to raise the questions "when they are ready", and the answers are expected to be provided by mothers. This seems to continue to ensure that the amount of information communicated is minimal.

Many parents assume that providing sex information will encourage permissive behaviour on the part of their adolescents. Research is beginning to demonstrate that teenagers who receive information from their parents, or from someone important to them, behave more responsibly and conservatively. Such adolescents are less likely to engage in premarital intercourse at an early age, and if they do, are more likely to use contraceptives to avoid unwanted pregnancies.

There seems to be little question that much information abut sex reaches the average teenager. However, much of it is inaccurate or incomplete. Previously, males seemed to manage to obtain more sexual knowledge. Today, male and female adolesents are about equally informed, although not well informed.

Wagner (1980, P. 568) continues that:

> "Adolescents want information and seek assistance by asking relevant questions when in an atmosphere of trust. Their questions reflect individual differences in knowledge and experience. This can be demonstrated by reviewing the types of questions most frequently asked. Many reflect adolescents' struggle with their emerging sexual identity and, therefore, focus on a theme of what is normal or abnormal. For example, Is it normal to masturbate? Am I masturbating too much? Do I have homosexual tendencies? Am I abnormal if I have thoughts involving sex with people I know, even members of my family? Are my breasts too small? Is my penis too small? Is oral sex normal? Other questions reflect a need for factual information, e.g., Is the pill safe? How can I get birth control information without my parents knowing about it? How can you tell if you have VD? How can you avoid pregnancy? How can I know if I have an orgasm? Where can I get an abortion? How can I tell if I'm pregnant? How can I enjoy sex more? How come I have these unexplained erections? Still other questions asked by adolescents reflect moral and value conflicts they struggle with as they incorporate sexuality into their emerging identities. The questions: Is there something wrong with me if I remain a virgin? What about having sex with someone you're not in love with?

> How can I say "no"? How can I tell if I'm really in love? It seems that the value issue is one that is particularly difficult to manage within the family and school sex education programs. Adolescents want opportunities to discuss value-laden topics about sexuality, whereas parents want their own values to be transmitted in sex education programs."

Sexual Behaviour

Masturbation

In spite of the fact that many cultures accept masturbation as a normal part of human sexuality, our society has maintained a very strong negative attitude against it. It is only within the past decade or so that attitudes and social behaviour have moved toward more openness and acceptance. This, in turn, seems to suggest a major shift in focus from sexuality for reproduction to sexuality for pleasure and enjoyment.

Masturbation serves some definite purposes during adolescence. It provides for a great deal of sexual release, assists in the development of sexual identity, and may even serve an educative function in helping the individual learn about his body.

In spite of the changes that have been made in the attitude of society about masturbation, the changes seem to apply much more to males then to females. Acceptance of masturbation among males is greater. Many girls and women still do not know and understand their own anatomy, nor do they know that the clitoris is the organ that responds to stimulation and provides pleasurable experience.

Many young boys observe their peers masturbating prior to any experience of their own. In many cases, self-stimulation provides teenaged boys with their first experience with ejaculation. Most experience and knowledge about masturbation among boys comes from the peer group as well as from personal experimentation. Parents continue to provide almost no information or discussion about the subject although some sex education programs have attempted to deal realistically with the topic.

Wagner (1980, P. 572) states that:

> "Masturbation should be treated as a normal part of human sexuality. This may be particularly important for females since masturbation encourages sexual responsiveness and the capability of achieving orgasm in women. There is no reason why these issues can't be discussed with teens as they struggle to achieve their sexual identity."

Homosexuality

Knowledge remains extremely limited about homosexual behaviour during adolescence. It is, however, important to distinguish between life-long patterns of homosexual behaviour and brief, developmental experimentations frequently noted in teenagers. Most research on the sexual behaviour of both homosexual and heterosexual adults indicate that homosexual contact was apparent in the adolescent life of both groups. The majority of the homosexual contacts that take place in both early and late adolescence will not develop into adult homosexual behaviour. In spite of this, many authorities predict that 3-4% of today's children will become homosexual adults.

Heterosexual Behaviour

Although research is limited, a few studies done in the '70s have attempted to describe more adequately the heterosexual behaviour of adolescents. Patterns emerge from these studies. First, male-female differences in specific practices are more evident in the 13 to 15 year old range than in the 16 to 17 year old range where such differences seem minimal. The increased similarity in petting and intercourse behaviour for the older teens is attributed to an increase in female permissiveness accompanied by a decrease in male promiscuity. This pattern may also reflect the increased adoption by adolescents of the standard of "permissiveness with affection."

A second pattern is the tremendous variability in the heterosexual behaviour of teens. This variability is attributed to age, sex of adolescent, experience, and psychosocial factors. Adolescents who are religious, close to parents, experience a late puberty, and who date at a later age, have a slower rate of heterosexual development. Adolescent sexual behaviour is only one small part of a set of complex behaviours that may well describe where the individual is in the developmental process of spearation and individuation.

Social Context Of Sexual Learning

Sexuality is learned in the process of experiencing. The learning process requires readiness, time and practice with other people. Sexual expression begins with kissing and advances in almost a stepwise progression to intercourse, each step being an advancement in learning, prerequisite to the next. Guilt must be worked through prior to advancement; the rate varies from person to person. The variance in age of onset and rate of learning seem well supported by the literature and these findings support the hypotheses that coitus among teenagers results from courtship and dating.

Other contributors to this learning process include physical maturation, personal attractiveness, social-psychological values, attitudes, peer pressure, and religiosity. Formal sex education, parental sexual conservativeness, and past religiosity seem to have little impact on the rate of heterosexual development. However, communication with significant others about relevant information and issues may indeed result in slower progress and more responsible behaviour.

This evolutionary social change in attitudes, standards and behaviour which characterizes the post '60s era has created some new problems and issues for those interested in adolescence. Teenage pregnancies are on the increase at a time when the national birth rate is on the decline. One of every ten adolescent females becomes pregnant each year, with another 30,000 under the age of 15 with the same experience.

Venereal disease is still considered at epidemic proportions in the United States. Adolescents between the ages of 15 to 19 years are major contributors to the rise in gonorrhea and syphilis. This shift began to occur in the early '60s and the rapid upward swing has continued. The changes in the prevalence of venereal disease among adolescents is probably a reflection of the increasing number of adolescent females engaging in more advanced sexual behaviour, and the increased reliance on the pill as a form of birth control, with a concomitant decrease in the use of the condom.

These new social patterns highlight the need for better education of parents and their children. Parents need to take a greater role in guiding the sexual education of their children, and they are going to need some assistance to accomplish it. Furthermore, adolescents will continue to need and use services available in Planned Parenthood Clinics. Male adolescents along with females need to become more actively involved in the many decisions about responsible expression of sexual needs, e.g., communication with their partners about contraception, abortion, adoption. The involvement of young men is critical to evolving adolescent responsibility in the expression of sexuality.

A recent conference held in Hamilton, Ontario, in May of 1981 confirmed not only that the recent trends noted in the United States were also evident in Ontario but also emphasized the enormous amount of confusion found in adolescence about their sexuality. This confusion frequently has to do with lack of understanding about what is being talked about when discussions on this topic do take place. Both parents and professionals must be very sure to clarify and define their terms during all discussions.

Above all it is important for all child welfare workers to help adolescents feel good about themselves as people, and then good about their sexuality. In addition we must not simply focus our attention on teenage girls because they are the ones most at risk. There is a tremendous gap in service aimed at young boys and this is one area where workers from Children's Aid Societies can make a substantial contribution to the prevention of future problems.

Child-care workers working with older adolescents have developed a great deal of skill and comfort in the area of adolescent sexuality that was not always evident in the past. The many group homes in the province provide a major opportunity to deal with the lack of knowledge and information found in so many teenagers that come to the Children's Aid Society from troubled families. The provision of accurate and selected knowledge about sexuality in an atmosphere of trust and comfort seems to be the best way to alleviate problems for both male and female adolescents.

REFERENCES

(1) Alston, J. P. & Tucker, F. "The Myth of Sexual Permissiveness," Journal of Sex Research, 1973, 9, 34-40.

(2) Bell, R. R. & Chaskes, J. B. "Premarital Sexual Experiences among Coeds: 1958 and 1968," Journal of Marriage and Family, 1970, 32, 81-84.

(3) Broderick, C. B. "Socio-sexual Development in a Suburban Community," The Journal of Sex Research, 1966, 2, 1-24.(a)

(4) Broderick, C. B. "Sexual Behaviour among Preadolescents," Journal of Social Issues, 1966, 22, 6-21.(b)

(5) Commission on Obscenity and Pornography. Vols. 1-10, Washington, D.C.: U.S. Government Printing Office, 1971.

(6) Ehrmann, W. W. Premarital Dating Behavior. New York: Holt, 1959.

(7) Ferrell, M. Z., Talone, W. L. & Walsh, R. H. "Maturational and Societal Changes in the Sexual Double-standard: A Panel Analysis (1967-1971; 1970-1974)," Journal of Marriage and the Family, 1977, 39, 255-271.

(8) Finger, F. W. "Changes in Sex Practices and Beliefs of Male College Students: Over 30 Years," The Journal of Sex Research, 1975, 11, 304-317.

(9) Wagner, Carol A. "Sexuality of American Adolescents," Adolescence, Vol. XV No. 59, 1980.

CHAPTER III

ADOLESCENT INTIMACY

All adolescent patterns, habits, and behaviours are influenced by a tremendous need for intimacy in all relationships from close friendship to romantic interests. Intimacy is the need for deep involvement with another person and in our culture is a necessary ingredient to the concept of "love".

(Mitchell, 1975, P. 275) indicates that:

> "Definitions of intimacy vary, but most include the need for a close personal relationship with another person and the need for intense closeness and involvement with something meaningful. Intimacy can also be understood in terms of what it is not. It is the opposite of isolation, estrangement, and alienation; it is characterized by closeness rather than distance, by intensity rather than neutrality, by excitement rather than monotony, by completion rather than fragmentation, and by feelings of fusion rather than merely nearness. Intimacy is sharing, taking into confidence and trusting. Although definitions are not constant, most agree with Dryfus that 'intimacy--the need for relatedness with others as well as oneself--is a basic human desire; its absence results in considerable anguish.' We should keep in mind, though, that intimacy does not necessarily imply permanence; one can experience transitory, fleeting moments of intimacy.
>
> The need for intimacy begins to manifest itself openly in preadolescence when the desire for a personal confidant becomes central. With the partial disintegration of the peer group and the tendency toward heterosexual pairing-up, the need for intimacy becomes even stronger. The emotional conflicts of adolescence demand a close companion; youth find it difficult to make it through their daily existence without someone to whom they can confide and articulate their most pressing problems--someone with whom they can share intimate problems and experiences."

As the adolescent becomes more aware of his individuality as a person he needs to share deep emotional and meaningful experiences with someone else. Such feelings bring forth both feelings of intense pleasure as well as pain, unusual discretion is demonstrated in the search for a partner to share them with. Extreme care is taken to ensure that the intimate partner takes him seriously and certainly nothing confirms feelings of poor self image more emphatically than not being taken seriously by anyone. In addition the adolescent ensures as much as possible that his deep inner feelings are not exploited by the partner. Intimacy is perhaps the most difficult need to gratify during the adolescent years and, by this very nature, it remains one of the most elusive human needs.

In spite of all the problems associated with it, the adolescent is compelled toward intimacy. Close friendships are formed and broken. Romantic interests flourish and die. Nor can the need for intimacy be satisfied in group settings nearly as well as the need for recognition, belonging, and esteem. Nevertheless, the peer group inevitably provides the initial meeting place where tentatively formed bonds hopefully will lead to intitmate exchange.

Intimacy is among the least precise of all adolescent impluses; its messages are vague, providing only slight clarity for action. Youth often do not know exactly what they seek in initmate relationships and, for this reason, uncertainty and tension invariably accompany their pursuit. When adolescent attempts at expressing intimacy are rejected, deep pain is felt, usually interpreted as inadequacy. Conversely, when gestures of intimacy are openly received, exhilaration is felt, usually interpreted as worthwhileness or unqualified joy. In a very real sense, the firts phase of adult maturity is reached when the adolescent experiences intimacy emotions, whether painful or pleasurable, because they force awareness of deep inner feelings and bring into sharper focus feelings intrinsic to healthy adulthood.

Expression of Intimacy

In his major analysis of Adolescence, (Mitchell, 1975, P. 276) continues;

> "The impulse for emotional intimacy eventually becomes interwoven with the impulse for sexual expression. It is difficult to imagine otherwise. The body, in the midst of its great sexual unfolding, fills the adolescent with sensations which demand a partner to reach their natural fruition. The need for psychological fusion (manifested in the need for intimacy) combines with the sexual impulse to impel the adolescent toward coupling. The physical closeness of sexual intimacy (which for most adolescents does not include sexual intercourse), nourishes feelings of emotional intimacy. Adolescents who experience the heightened passion of sexual stimulation reinforced by the soul stimulation of genuine intimacy, almost invariably conclude that they are 'in love.' The accuracy of this conclusion is left to the reader; however, one is prompted to wonder how adolescents might view their inner feelings if our culture had coined a word which stands for youthful-intimacy-sexual-gratification. The words we presently employ are demeaning and condescending and, therefore, are scorned by the adolescent as being unjust to the depth of their emotion. Adults apply to youthful romantic excursion terms such as 'crush' or 'puppy love' which are unfair to the experience even though they well encapsulate the characteristic spirit of brevity."

Perhaps one of the reasons that intimacy is so difficult to achieve is that one of the major attributes essential to it is honesty. Intimacy demands honesty because genuine self-disclosure requires that the adolescent show himself as he is, without pretense of any kind. The search for intimacy, offering little opportunity to protect the inner self, leaves the adolescent highly vulnerable to the pain of rejection. Therefore, the teenager, knowing that the pleasure of gratification of this need can be completely nullified by the pain of rejection, remains uncertain about the pursuit of his goal. As a result, fear of rejection is the greatest impediment to the formation of intimacy bonds during the adolescent years and can colour other friendship relationships as well. The adolescent is then left with deep feelings of loneliness and worthlessness.

Adolescence is the time in our society when we develop social masks to keep others at a distance. The need for intimacy is too sensitive to permit strangers to even glimpse the innermost self.

A quotation from a teenage girl (Mitchell, 1975, P.277), describes her feelings on this topic:

> "When I love someone and want to know him better, I am afraid to tell him of my feelings for fear that his reaction will disappoint me. He may not love me back. This would shatter all the fantasies I had while loving this person before I told him. So, I may stifle my feelings of love because I don't want to handle the disappointment of being refused the real love that I would eventually ask for."

The distancing games devised to keep inner feelings intact sometimes backfire. Youth become so proficient at keeping their distance from others that they lose the ability to discard their masks when necessary; for some, the distinction between real-self and pretend-self becomes so blurred and confused that the person never knows for sure when he is being himself and when he is merely acting out an image of himself. Once this confusion takes place, the capacity for genuine intimacy is reduced for the simple reason that the honesty required of authentic intimacy is not to be found. One cannot be honest about something one does not know.

The absence of intimacy eventually produces loneliness. Loneliness is not a crippling disorder; many people live their lives in its company. It does, however, create a sense of desperateness which, for many adolescents, leads to self-abuse and self-reduction. Desperateness lends itself to ready solutions. The more desperate one becomes, the less particular one is in choosing solutions.

Intimacy is expressed by touch, caress, embrace and body contact. Though the adolescent is not completely satisifed by these physical expressions, they are the means by which the impulse is released and given life. Body contact of all varieties increases during adolescence because the momentum generated by intimacy actualizes itself and is brought to rest only by physical contact. To live without embrace or caress is contrary to the makeup of the adolescent just as it is foreign to the needs of the infant. Intimacy requires physical expression. However, it also requires that the conditions be right, otherwise, it remains unsatisfied even though the person in whom it resides is covered with contact and caress.

Contact brings a definitiveness of feeling which eludes spoken words: to the uncertain personality contact and caress register forcefully. Touch confirms the presence of another and partially gratifies deep yearnings for intimacy and relatedness. Youth who have grown weary of words and ideas welcome emotional experiences which are neither doubtful nor deniable. The reassurance of touch helps to keep the adolescent in contact with the outside world and connected within himslef; it serves as the life-line between inner self and outer world.

The dominant childhood themes of embrace and caress return during adolescence, called forth by the physiology of the sexual impulse and the psychology of the intimacy impulse. Even though the adolescent is shy about this changing body and reserved in having it touched or fondled by another person, he strongly desires to close the body distance maintained in our culture. For many adolescents, this desire does not result in sexual intercourse, despite the tremendous impetus provided by puberty. Nevertheless, adolescence is a time for embracing, caressing, fondling, and love play.

Genuine intimacy rarely takes hold in an insecure or immature personality because it requires more than receiving affection from others--it demands selfless giving and genuine sharing. Although moments of intimacy are experienced during middle and early adolescence, not until late adolescence and early adulthood does durable intimacy generally occur. (Erikson, 1968, P.165) one of the few psychologists to closely inspect the phenomenon of youthful intimacy, comments thusly:

> "Only as a person begins to feel more secure in his identity is he able to establish intimacy with himself and with others, both in friendships and eventually in a love based, mutually satisfying sexual relationship with a member of the opposite sex. A person who cannot enter wholly into an intimate relationship because of the fear of losing his identity may develop a deep sense of isolation.
>
> It is only when identity formation is well on its way that true intimacy--which is really a counterpointing as well as fusing of identities--is possible...where a youth does not accomplish such intimate relationships with others--and, I would add, with his own inner resources--in late adolescence or early adulthood, he may settle for highly stereotyped interpersonal relations and come to retain a deep sense of isolation. If the times favour an impersonal kind of interpersonal pattern, a man can go far, very far, in life and yet harbor a severe character problem doubly painful because he will never feel really himself, although everyone says he is somebody."

Dehumanization and depersonalization oppose intimacy because they deny personal feelings and place greater emphasis on the role a person plays than on the feelings he experiences. To depersonalize someone is to void in advance the possibility of intimacy relationships; in depersonalization, the surface personality is accepted but the inner personality is denied.

Intimacy feelings register in the deepest parts of the self; therefore, to assume that one can become emotionally intimate with anyone is a fiction. Conditions must be right, the partner must be right, and, above all, a sense of respect for the partner's inner workings must be genuine. These conditions are not easily satisfied. Adolescents should not be deceived about the ease of experiencing intimacy. In this age of immediacy we do well to recognize that intimacy bonds cannot be hurried; when artifically stimulated, they result in a frail and insecure mooring from which the individual easily drifts.

Intimacy Problems

During adolescence all needs influence one another but not always in a positive way. The need for belonging, for example, may interfere with the need for independence, or the need for security may get in the way of meaningful intimacy relationships. Even though all needs are truthful unto themselves, they do not always harmonize with one another nor do they impel the person toward compatible goals. In our society youth confront numerous situations in which their need for intimacy conflict with other needs, impulses, and desires. For example, the pressure to conform often conflicts with intimacy needs because part of our cultural image of the superyouth is one who is aloof, detached, and beyond the petty inconvenience of deep emotion. Consequently, youth who present an image of cool detachment find this pattern so highly reinforcing that they have trouble abandoning it in favor of genuine intimacy relationships. The more a society reinforces customs which stress surface appearance and role-playing habits, the greater difficulty its citizens encounter in their attempts to gratify intimacy needs. Intimacy and role playing are at opposite poles; they cannot be brought into true harmony because neither can flourish in the presence of the other. Much youthful rebellion against custom and etiquette is based upon this realization.

Implications For Working With Adolescents

Frequently adolescents who come into contact with a Children's Aid Society for the first time when under extreme pressure or stress will reach out, within the context of the intake interview, and share a moment of intimacy with the worker. In addition, adolescents already in care who are lonely, isolated, or even alienated from others will periodically achieve some degree of intimacy with their workers. This brief, tentative sharing of their innermost self and feelings must not be confused with the ongoing treatment relationship we seek to develop with all the children in care. Whenever a worker shares such revelations with group home staff, foster parents, or other agency personnel the adolescent feels betrayed and devalued. The result is extremely demaging to any potential trust and working together that might have developed otherwise. It produces anger and rage and frequently rejection of both the worker and the resource.

This problem may well be one of the most serious that face young child care staff and in itself may be responsible for so much of the feeling projected by adolescents against Children's Aid Societies. A great deal of sensitivity and role clarification needs to be achieved to prevent this happening in the struggle to reach and connect with troubled youth.

REFERENCES

(1) DeVaron, T. "Growing Up," from 12 to 16: Early Adolescence, edited by J. Kagan and R. Coles. New York: W.W. Norton & Co., Inc., 1972.

(2) Erikson, E. "Youth and the Life Cycle," from The Self in Growth, Teaching and Learning, edited by D. E. Hamachek, Englewood Cliffs, N.J.: Prentice-Hall, 1965.

(3) Erikson, E. Identity, Youth & Crisis. New York: W.E. Norton & Co., Inc., 1968.

(4) Mitchell, J.J. "Adolescent Psychology," Holt, Rinehart and Winton, Toronto, 1974.

CHAPTER IV

ADOLESCENT ANGER

Adolescents today are frequently seen as angry, hostile, and anti-social as well as resistant to the attempts of child welfare workers to assist them. This seems to be true not only in the public mind and the media but also in the eyes of the Children's Aid Society staff.

There are may times when adolescent anger is appropriate and normal. It must be recognized, however, that the word appropriate is a value judgement that is made by the person doing the evaluating. Many parents, for example, feel that any display of anger in the adolescent is inappropriate. Some tolerate almost any degree of it.

Normal Anger

There are several distinguishing characteristics of normal anger. These include:

1. The reason for the anger is the real reason for the anger. A normal individual, when he is angry knows why he is angry.
2. The timing of the anger is appropriate. A normal individual gets angry at the time an incident happens that produced the angry response.
3. The extent of the anger is appropriate to the cause. A normal individual does not have an enourmous anger response to a relatively minor incident. Nor on the other hand, should something outrageous happen to an individual he will not be so intimidated that he will not be able to be angry enough to get it off his chest and protect his own rights.
4. Normal anger has a cleansing quality. There is nothing like a good successful fight to clear relationships between two people. People can get angry, get it off their chest and then go back to liking each other again, within a few minutes.

Symptomatic Anger

Symptomatic anger is that anger which is a symptom of some underlying disturbance.

There are several distinguishing characteristics of symptomatic anger that make it relatively easy to identify.

1. The person is not always aware of why he is angry. The reason that he thinks is the reason for his anger isn't the real or the major reason. Frequently the flood of anger that an individual receives is out of proportion to what caused it. At the time the individual probably doesn't recognize just how inappropriate their response is.

The above material is based on the writings and lectures of P. Steinhauer and L.R. Wallberg.

2. The timing is inappropriate. Instead of the anger being displayed at the time, it may continue for weeks or months after the event that precipitated it actually took place.

3. The extent of the anger is inappropriate. The extremes of either understatement or overreaction of anger are both symptomatic.

4. In symptomatic anger, it isn't clear why the person is angry. He may even joke or be sarcastic. Normal people are able to be fairly direct; as compared to the indirectness of symptomatic anger. In addition symptomatic anger is frequently displaced into another area, or on to another person than the one who has caused the anger.

Steinhauer (1976) states that:

> "One area of displacement that comes up very frequently with the kind of adolescents child welfare workers are seeing and working with, is that there are some families where people can't talk about feelings of anger. The anger therefore gets displaced on to the whole area of control. These are the families where if, you are seeing them in family treatment, the family will sit there, the parents will get frustrated at the child and instead of saying 'I'm angry at you because you are not co-operating.', what they will do is they will bark an order at the adolescent, 'Take your hand away from your mouth. Sit up straight'. In other words, anger on the part of the parents is expressed not as a statement, 'I'm angry at you', but as, 'I will attack you by making you do something you don't want to do'.
>
> Adolescents learn to play that game very quickly too. Because when the adolescent is angry at the parent they just refuse to do something that they know the parents want them to do. So that they never, in these families, say that they are angry. The parents express anger by ordering adolescents to do something and the adolescents express anger by not doing what's expected of them - by putting their feet up on tables, by slouching down in their seats as if they are not listening, even though they are. So what's happened here is that instead of a direct expression of a feeling of anger, it's been displaced into the area of control and adolescents and parents battle over control."

5. The final characteristic of symptomatic anger is that it lacks the cleansing quality of normal anger. Instead after the damning up process of symptomatic anger the individual doesn't feel any relief after it is over. They are left with a tense, uptight feeling and frequently depressed. They are unable to forgive or forget. There is therefore, a pulling away from the relationship as a result of the unresolved anger.

Many adolescents who come into care are angry. To understand this it is necessary to go back long before they came into care and understand the situation at that time. It is a typical response of adolescents to not having their needs met or to having their basic needs frustrated, is to be angry.

Reasons For Anger In Adolescents In Care

1. Adolescents come into care as a result of a long history of neglect and abuse. As a result they suffer from privation.

2. Adolescents come into care with an experience that adults have generally let them down.

3. Adolescents who come into care are frequently distant and sparing in their relationships with others. Other people find them cold and unresponsive. As a result they tend to precipitate rejection by other people again and again. It becomes a constant pattern.

4. Adolescents come into care with very little self esteem. They are very prone to frustration. It does not take very much to plunge them into a crisis that results in a major explosion.

5. Adolescents who are in care, particularly crown wards, have been through a number of placements. Every time an adolescent is separated from people that he is attached to, even if it wasn't a successful attachment, he becomes angry.

The result is a sort of hypersensitivity or allergic reaction to even normal anger which makes them keep it inside them. The result is an enormous damming up. Now, if you put a dam across the river, you know what happens. The pressure behind the dam builds up and up and eventually it gets to the point where it can no longer be contained. It's going to burst in some way. This is what happens with these adolescents. There is a damming up because they both have more anger to deal with as a result of their privation and the deprivation that arises from the separations and they've got this damming up process which has been initiated.

Every individual adolescent handles anger in a different way. The effect it has on their behaviour can be quite different from one teenager to another as well. There are however a number of patterns that keep occurring again and again.

Steinhauer (1976) describes the most outstanding patterns that he has noted in his work with wards of Children's Aid Societies. They are:

> "The first is the impulse ridden adolescent. This is the adolescent who typically can't discharge feelings by words. So the feelings turn into behavior--defiant behavior, aggressive behavior, antisocial behavior. One variety of this is the passive aggressive adolescent. This is the adolescent who is defiant, not openly however. He doesn't tell you off or he doesn't go smash something, he just either keeps forgetting to do things or he says 'yes' and doesn't do them. Somehow or other, even though he is very pleasing, things just never get done. Sometimes he won't even go through the effort of being pleasing. This is the kind of adolescent that you just know that anything that is expected of him, he will oppose. It is important to recognize that this may start off just in particular situations, but it may end up a whole life style. There are some people who develop what might be called a passive-aggressive personality. We have all known some

of these. These are people who, no matter what anyone ever wants them to do, they either politely or without politeness, they just manage not to do. Some people say they're lazy. Some people say they're forgetful. Some people say they're disorganized. Basically the sort of adolescents we're talking about are none of these. It's basically their quiet passive resisting way of saying 'to hell with you, I won't do it. I'm not going to do what anyone else wants, why should I?, what has anyone done for me?'

Other adolescents are the kind who are withdrawn, and they can be sub-divided into two groups. There are some who are withdrawn because they are depressed. We know what it is like when we are feeling depressed. You just don't have the energy to relate to people or to do things. You just want to be left alone as much as possible. Some of these depressed withdrawn adolescents will also have numerous somatic complaints. One of the things the Children's Aid Society wards demonstrate is how frequently they can't say 'I'm upset'. They will complain of aches and pains and various illnesses at times when they are upset or depressed, and a doctor just can't find anything wrong.

There is another reason why adolescents are withdrawn and that is the adolescent who is withdrawn because he is distancing himself. He has learned from past experience that adults aren't to be trusted, that relationships aren't to be trusted, that if you let yourself care about anyone, sooner or later you're going to end up being hurt. So it is just safer not to put any roots down. Distancing behavior is a withholding of any sort of warmth or any sort of involvement in relationships. There is an angry component to this too, as well as a protective component.

Another group of adolescents, and these overlap with each other, because adolescents may show symptoms of many of these categories, are those adolescents whose development has somehow or other been blocked. If you look at an adolescent among all the other things he has to deal with, he is expected to go on and grow up like other children. Most of his energy at any point in time, is poured into struggling with his own feelings and that leaves very little energy left over to deal with the demands of growing up and the new things you're expected to learn at each stage of your development. These adolescents may remain very immature and they may seem years younger than their chronological peers. Particular tasks that the child should have mastered, will never get mastered.

For example, the child who comes into care, or who is in major family chaos at the age where children are learning to talk, may have interference with his ability to communicate through language. The children who in grades 1 and 2 is preoccupied with major emotional chaos will have very little energy left over to concentrate to the job of grade 1 and 2, which is learning to read and learning to do mathematics. He may get behind almost before he starts and that may just confirm his feeling that he is stupid and worthless. He may remain behind because he's never developed the foundation for learning. Any aspect of ongoing development may be interfered with by an adolescent who has all his energy tied up in these sorts of inner conflicts and not available for the demands of growing up in the outside world.

Another area of concern is the displacement of anger to someone other than the person that the adolescent is angry at. If they happen to be living in a foster home and particularly if that foster home doesn't allow them to express too much anger, as some foster homes don't, they are afraid they will lose it. Often adolescents will handle this by putting the lid on when they are in the foster home and by taking it off whenever they are outside. Other people that they can afford to antagonize may get it instead of the people that they are really feeling angry towards. There may be displacement of anger outside the home, and to people other than the people that the adolescent is angry at and, by the way, it usually isn't primarily the foster parents that the adolescent is angry at. He may think they are the ones that he is angry at but it is usually anger that is left over from his own parents. But, of course, they are not around so the foster parents are the ones who get it and have to take it.

Finally, anger can be handled in self-destructive ways, and we are talking about the acute forms of self-destruction, like suicide, or the more chronic forms of self-destruction. By this we mean chronic suicide in the way that some adolescents use drugs or alternately the chronic self-destructiveness of patterns of behavior that set the adolescent up to get into trouble and to have the environment turn on him again and again."

Working With Adolescents Who "Act-Out"

The appearance of acting-out will require special handling. Whenever the Children's Aid Society worker recognize acting-out, it is necessary that he bring this to the attention of the adolescent. The worker may suggest that there are reasons why the adolescent is faced to engage in certain behaviours. Talking about the adoelscents feelings prior to putting them into action can be preventative.

In addition to the above the worker should either directly or indirectly through the foster parents utilize the system of natural and logical consequences outlined in Chapter II of this training program.

Working With Adolescents Who Resist

Many adolescents actively resist involvement with a society worker. Should they be forced to come to the agency against their wishes the result is often severe lack of communication, withdrawal and silence.

1. Recognize and acknowledge the negative feelings of the adolescent about having to work with the agency.

2. Indicate an understanding and acceptance of these feelings.

3. Display a neutral attitude about any benefits the adolescent might receive should he decide to work with you.

4. Do not oversell the service in any way or reassure the adolescent that things will work for him if he works with you. Too frequently things deteriorate further depending on the overall family situation and the severity of the problems involved.

5. Empathize with what probably lies behind the negative feelings being expressed by the adolescent.

6. Deal with any misconceptions the adolescent may have about treatment in the Children's Aid Society.

7. Respect the adolescents decision if it is possible to do so.

8. Leave the door open for the future in case he should change his mind.

The Function Of Adolescence Is To Judge The Parents, Forgive Them And Then Grow Up.

There are times when the judgement is positive. At such times neither parent nor adolescent may be aware that it has been made. When the judgement is negative, valid or otherwise, and no forgiveness can be achieved, the adolescent seems condemned to permanent emotional immaturity.

Should Children's Aid Society workers achieve little else with the teen-agers they are working with they must help them find some basis for forgiveness of their parents to free them for the business of growing up. This may be a struggle, and difficult but in the final analysis may be the most important single contribution we can make to the prevention of future problems.

References

Steinhauer, Paul D., M.D., F.R.C.P.(C); "Workshop On Anger" Catholic Children's Aid Society of Metropolitan Toronto, unpublished, 1976.

Walberg, L.R. "The Technique of Psychotherapy" Third Edition, Book I, Greene & Stratton, New York.

CHAPTER V

PREMATURE SEPARATION OF THE FAMILY AND RUNNING AWAY

In the Front-Line Protection Program, Dr. Paul D. Steinhauer permitted the program to use a major paper he had written as major teaching content. This material on basic separation theory is essential knowledge for all Children's Aid Society workers bringing children into care. Should any participants of the training program on Working With Adolescents not have participated in the Front-Line Protection Program, they may refer to (Volume II, Chapter IV, P.149).

Dr. Steinhauer has developed a second paper on the issue of premature separation of the family. In this paper he further illustrates his ideas about the implication of separation on adolescents. This material supplements previous content and also complements the normal developmental theory of childhood and adolescence because it illustrates graphically the implications for adolescents of unmet needs in children and its effects on adolescent behaviour. For this reason this material is being reproduced in part with his permission.

Steinhauer (1979), states:

> "I suspect that many of you who work extensively with teenagers are as impressed as I am by the number of middle and even early adolescents who are abruptly splitting off from their families and deciding to make it on their own. Historically speaking, what is unique about this is not the age at which they are leaving. Only a few short generations ago, it was understood that our parents and grandparents would leave their families at approximately the same age because of financial pressures. They had to seek work, to support themselves, to contribute to the support of their families. This is not the case for most of today's middle-class teenagers who choose to take off. Their families are able and willing to support them. Indeed, they frequently exert considerable pressure on their teenager to remain at home and stay in school. But still they leave, and in a manner that is often traumatic to them and disruptive to their families.
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> The stated reasons teenagers present for leaving home despite parental opposition may vary considerably. To some the decision to leave home is seen as merely the final step in an emotional estrangement that has in effect existed for years. To others it seems the only escape from parents who are seen as hostile, lacking in understanding, insatiable in their demands for control and unable to tolerate any spark of developing independence. Still others present their unilateral decision to split as a positive and necessary step towards maturity and independence that their well-intentioned but over-anxious parents cannot seem to understand or appreciate. In all of these, there may be more than a germ of truth.
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> Now I'm not suggesting that all teenagers should live out their lives in the bosom of their families. The teenager's achievement

of independence as his family's acceptance of his autonomy are among the major developmental tasks of adolescence. The adolescent's move towards greater freedom of thought and action will generate tensions which may strain considerably even the best of family relationships. But some teenagers seek to abort these tensions by physically splitting off from their families, leaving the conflicts between their parents and themselves unresolved. It is as if they sought to achieve independence through physical separation as if by moving out they could escape from the introjects of their parents. But mere physical separation will not ensure and may even hinder the resolution of these conflicts, a resolution essential to the attainment of true independence and maturity. The proof that their attempt to achieve independence through physical separation is premature is to be found in their need to continue the struggle with their parents or to totally reject them and all they stand for. In contrast, the adolescent who is emotionally ready for separation can tolerate a comfortable and at times even close relationship with his family without needlessly having to defend his autonomy through avoidance or endless battling.

The normal process of individuation, of achieving emotional independence does not begin in adolescence. The infant, as we all know, is helpless and totally dependent on his mother. As the child grows older, his ability to do things for himself increases. He learns to feed himself, to ask for what he wants, to play, to walk. He becomes more able to exist apart from his mother. Nursery school, school and his increased involvement with his peers normally lead to a decreased reliance on the parents. The more a child has been allowed to assume responsibility and to function independently prior to adolescence, the greater his chances of establishing full and comfortable emotional independence during his adolescent years. Generally speaking, we in America begin stressing and training for independence early, but we grant real independence relatively late. Putting it another way, we go through the motions of encouraging independence, but then balk or panic if the teenager looks as if he thinks we mean it.

Both teenagers and their parents have mixed feelings and may vacillate as the adolescent gradually moves towards greater independence. In many cases these will be successfully resolved, not without some anxiety and struggle on the part of both parent and teenager, but without major disruption of family relationships or of the teenager's continued progress towards maturity. Many teenagers want to have their cake and eat it too. They want to be independent, but aren't ready to give up the protection, the comforts and the security of home and family. They can't admit to themselves that they still need their parents: to do so they would see as an admission of intolerable weakness at a time when strength and independence are valued above all else. They attempt to handle this contradiction by externalizing what is basically an internal struggle. Thus instead of recognizing that their conflict is between two opposing and incompatible inner drives - the drive to cut loose and the need to remain protected and secure - they externalize the conflict and see themselves as struggling to escape the clutches of a dominating parent. They provoke repeated battles, the aim of which is to keep the parents at a distance and reassure themselves that they really are independent after all. They may use continued reliance on their parents as a defence against recognizing their own difficulties (i.e. it's only their bugging that keeps me from doing well at school, and etc.).

But parents too, often have difficulty as their teenager struggles to establish himself as a separate individual. For another of the tasks of adolescence is the teenager's development of his own personal value system. Whereas once his parents were the absolute authority on what was right and wrong, now some or even all of the values they propose - and even practise - are examined and rejected. Now this displacement of the parents from their earlier position of absolute authority on what is right/acceptable is an indispensible part of establishing oneself as a whole and separate person. But some parents cannot tolerate this, and their reactions may merely intensify their teenager's need to devalue them and to repudiate their standards as he struggles to establish and assert his autonomy. They may find his increased self-assertion, his different moral standards (sex, drugs), his at times seemingly self-defeating or self-destructive behavior both frightening and upsetting. Rather than respond to these as a part of the normal process of maturation, they may interpret any deviation from their traditional values as a rejection of them.

There's no denying that communciation - and therefore the channel for identification and resolution of conflicts - between teenagers and their parents can, under the best of circumstances, be seriously strained. The ability to listen and to be objective under pressure requires a degree of emotional detachment that rarely exists between teenagers and their parents. Their struggles with each other may be open, or may be carried on covertly beyond even the awareness of the participants themselves. But while the struggle can be hidden, it cannot be avoided. They struggle to live in peace with feelings stirred up but never resolved throughout a lifetime of intimate contact with one another. They struggle to come to grips with their love, their hate, their need to hurt, the pain of being hurt, their fear, their sex, their need to establish control over themselves and each other, their drive to cut loose and their desire to remain dependent and secure. These struggles frequently create intense anxiety in both teenagers and parents, and what starts primarily as a struggle to master their own feelings often is transformed into a battle across the line between the generations. It is precisely this struggle that some teenagers - with disastrous results - seek to abort by their announcement that the time has come to split.

But while the normal process of individuation may be expected to stir up some degree of tension in both adolescents and their families, a number of features typical of today's society seem likely to aggravate these basic tensions and to increase the tendency to turn to premature separation as a potential - though misguided - solution.

We are living in an era of rapid change. As has been pointed out by authors ranging from Paul Tillich to Alvin Toffler, the greater the rate of change within a society, the greater the degree of uncertainty, confusion and existential anxiety produced within that culture. The parent of today, like Sholem Aleichem's fiddler on the roof, strives desperately to strike a precarious balance between the security inherent in an acceptance of traditional values and the almost unavoidable uncertainty as to how relevant these are to the world of today. How do we meet a changing world's ever-accelerating demand for adaptation and yet retain our identity and our integrity?

Is there even any point trying to keep our bearings or should we, like Kafka and Sartre, merely concede that the world is absurd, and that all one can hope is to learn to come to grips with its insurmountable absurdity.

Yet at the same time that we parents are questioning what we really believe, we are faced with the emergence of a powerful, youth-oriented counter-culture which challenges many of the attitudes and values we once considered axiomatic. In place of the puritan ethic we have Abbie Hoffman declaring that work is the only dirty four letter word in the English language. Formal education, our sexual mores, our emphasis on self-reliance and planning for the future has all very much come under the gun. Much that is being questioned has badly needed challenging for a long time, but I am concerned that the pendulum has swung so far that we are in danger of replacing one set of questionable credoes and hypocrisies with another. Take, for example, the slogan 'Do your own thing'. This is understandable as a reaction to decades of forced, often meaningless conformity and as an assertion of the individual's determination to remain an individual in a computerized and impersonal society. That same phrase, I suggest, is being perverted by some to glorify hedonism, egotism and narcissism for their own sake. What happens to man's relationship to man - what is the future of society itself - if we all merely do our own thing without any sense of responsibility or commitment to our fellow-man? The frantic, compulsive search for constant and effortless personal gratification in which the pursuit of pleasure, regardless of how it's obtained, becomes an end in itself is by no means confined to youth. But a generation of kids brought up on a diet of constant gratification sees frustration not as an inevitable part of life - which it is - but as an evil that always can and always should be avoided. Shades of the pleasure principle!

Many kids, on hearing this, would respond, 'Who the hell are you to question my rights to opt out of the rat-race? We have just as much right to our life-style as you have to yours'. If I could be sure that the person speaking had a true choice, I would totally agree with him. But by true choice I mean that I would want to be sure that he was both intellectually and emotionally capable of producing, but that he chose not to in conventional terms.

Many kids who vigorously insist that in opting out they are voluntarily choosing a particular life-style are really copping out. They think they're making a choice, but actually they're neurotically unable to stick with any situation or relationship involving sustained effort and containing the possibility of failure or pain. So they pull out, covering their tracks with a 'who-needs-it' attitude.

Finally, there's the widespread abuse of the concept of the generation gap. The term generation gap implies that conflict between the generations is not only inevitable - which it is - but that it is by definition insoluble, which it definitely is not. This provides a readily available, socially acceptable cop-out for both rebellious and immature teenagers and wishy-washy or uninvolved parents. In view of all these socially sanctioned rationalizations for avoiding the painful resolution of family tensions, and in view of the increased and more attractive alternatives available to the teenager of today who decides to split (communes, student welfare and etc.) is it any wonder that premature separation is being turned to increasingly as an alternative to hanging in and working through the tensions involved in the struggle towards individuation?

This brings us to the question of how we, as child welfare workers, deal with families where an adolescent either has or is threatening to leave home at a time or in a manner that seems premature or inappropriate. We may be approached by the parents of an adolescent who already has one foot out the door, or by a teenager who has been living away from home for some time and has recently decided to seek help for reasons of his own. In either case we may be under considerable pressure from the parents (to persuade the teenager to return or remain at home) or from the adolescent (to agree with him or convince his parents that by moving out he did the best possible thing). While time limitations make it impossible to discuss in any depth the complexities and individual variations that occur in dealing the these similar yet still unique situations, certain basic principles apply. These arise largely out of practical experience, but are derived from an understanding and application of the principles discussed above. At first glance, they seem so obvious that one might wonder why they need repeating. In actual fact, however, they are all too frequently ignored, at times with results that verge on the disastrous.

1. Our greatest chance of helping both teenager and family at such a point of crisis lies in our potential for objectivity and non-alignment. At a point where successful communication between parent and child has broken down so that the identification and resolution of family conflicts has ground to a halt in the face of widespread mistrust, denial, projection, acting-out and distortion, we as therapists may be able to straddle the generation gap, making ourselves available to both teenagers and parents as concerned but impartial listeners able to

understand and reflect back what we hear, committed to clarifying issues rather than imposing solutions. Our understanding of some of the underlying intrapsychic, familial and social factors deep to the stated sources of tension may do much to help us identify first for ourselves and then for the family the real origins of their tension and distress, which, once located, may be accessible to successful resolution.

2. Except in those rare cases where there is a clear and definite reason why the decision should be made by the experts (e.g. a suicidal or severely psychotic adolescent) the decision of who lives where should remain that of the family, despite the frequent attempts of family members to push the responsibility onto the social worker. In some cases the worker may legitimately be in a position to help evaluate or advise regarding various alternatives. If so, he can of course do so, but unless there is a definite therapeutic reason for choosing a particular alternative, the decision should remain that of the family.

3. As social workers, it is our job to bring out and clarify issues, to identify areas of conflict within the family and to explore potential alternative solutions. In the course of doing so, a proposed physical separation may be avoided. But keeping the bodies together must never become our prime focus. More important is the task of doing what we can to free the teenager and his family to get on with the process of maturation, to resolve their internal conflicts and, if they are willing, to work on resolving their conflicts with each other. These can be worked on whether or not the adolescent leaves home. Independence and maturity are not necessarily gained nor need the bonds of concern and affection be permanently severed by even a premature and ill-advised separation. To assume that since a physical separation has occurred there is nothing more we can do is an error of the greatest magnitude. In some cases, we may be able to be considerably more helpful to both teenager and parents after an ill-advised and premature separation than we could before.

4. We must resist all pressures to manipulate, to coerce or to support negative defences. We do as much of a disservice by an inappropriate referral to a treatment centre in response to parental pressures as we do in agreeing with a 15 year old girl from the inner city that life can be beautiful if she just drops out of everything and homesteads it in Alaska with her 16 year old boyfriend, her puppy and a year's supply of hash.

5. Be aware and beware of your countertransference, and particularly your need to be omnipotent. The potential for overidentification with either the adolescent or his distraught parents must always be guarded against."

Runaways

The subject of runaways is one that is of concern to a lot of people not only Children's Aid Society workers but also those who are charged with responsibility for providing for these young people. There has been a lot of talk about young people who are "running to" and "running from" their situations. If we accept the premise that the children who are "running from" an unbearable home situation are easier to help than those who are "running to" the company of friends and the bright city lights, then it would appear that the "runners from" fall into the category of the normal parent/adolescent conflict.

Unfortunately all too often the "runners from" quickly become "runners to" as they discover that, particulary for girls, it is easy for them to find places to stay and sympathetic ears either adults or from their contemporaries. To date, there is no successful way of dealing with the young person who is bound and bent on running away. No group home or other facility which is capable of preparing young runnaways to accept responsibilities for their own lives in the future, appears to be capable or anxious to put obstacles in the way of a determined runner.

John J. Mitchell (1974, P.203) indicates:

> "There is no escape. The days when youths could run away from over-schooling or a world filled only with peers are gone. Even when the environment is so utterly inferior as to be intolerable, youth cannot slip away and start fresh".

It becomes increasingly more apparent therefore that there is very little that can be done, except on very concentrated one to one effort, to prevent a young person from running away who is determined to do so. Under these circumstances, therefore, it seems necessary to approach the whole problem from a different angle. For those who are involved in child welfare agencies there is always the underlying fear that some kind of disaster will befall one of the young people for whom we have responsibility. Nonetheless, we have to realize that we can provide little more for these young people than can any other responsible parent. We cannot in law contain them in any kind of locked facility, nor is it practical or realistic to provide 24 hour, one to one staffing for any but the most self-destructive adolescent. Young people do not recognize the risks that they run in living their lives on the street. In any but the most controlling of environments a determined runner will run.

Perhaps the direction to move now is to try and provide staff who are capable of adapting themselves to the apparent needs of each individual adolescent.

This is a demanding and wearing process for a staff. Continuity becomes a problem, since there are not an enormous number of people who are so dedicated to the welfare of these young people that they can put themselves through the emotional and physical strain, without becoming blase and burned out. The building up of relationships takes time for seasoning, for testing and for the kind of slow, casual knitting that will not break apart under the first signs of stress and strain.

Running is an aggravation and strain which few parents can tolerate, without becoming so distressed that they themselves cease to function. To try and build a substitute relationship with any other caretaking person who is coming fresh to the situation is difficult. If a relationship between the young person and the parent is such that it cannot be supported in any way whatsoever, then some other relative or friend may be able to supply an interim placement to allow some cooling off of the animosity between the parent and child. Impersonal foster or group home care is seldom helpful to a runner. Running is undoubtedly prompted by a multiplicity of causes but once running has become a habit, it is next to impossible to determine and attempt to deal with the causes, since the young person will not stay around for long enough to make any kind of assessment possible. One possible method to use would be the establishment of a flop house type of accommodation, to which young people can return any time they decide that they want to break the running pattern. However, this has many disadvantages; control and staffing is difficult and the possibility of the introduction of alcohol, drugs and sex into such a setting is very large. The commitment and motivation of most young people who use such a facility is minimal. It is more productive to put the time and energy into dealing wih the young people in their own home setting. This means concentrated efforts to provide temporary relief in the form of some kind of part-time instruction program along with support for an input into the home situation. This is not an easy task, since many parents who have experienced this kind of difficulty are often at a point where they are completely unwilling to accept any kind of help, especially since quick results will not be forthcoming.

For some families this kind of intervention will not work, because the pathology is too deep-seated and the motivation is not there to attempt to make any changes. However, transferring the adolescent from one residential setting to another is ineffective, except in a very small number of cases, that almost any other form of intervention is more worthwhile. For the child who needs to be contained but who is not delinquent we know of no facility which can do this effectively. Training schools at the moment do provide a locked setting for young people who are sufficiently delinquent for such a committal to be made at court. However, again we are given to understand that with the new legislation shortly to be enacted, secure treatment will only be provided for adolescents who have demonstrated that they are either self-destructive, a danger to the community or have committed such offenses as would give them a five year jail sentence if they were adults. The political thrust appears to be that we'll have to find a solution other than physical containment, that is containment by a locked door.

Some group homes do provide intensive one to one supervision. Such facilities serve very strictly their own catchment area, their waiting lists are long and very often involve a period of intake which can take one to two months. It seems to be generally accepted that teenagers will grow out of it, whatever it is, and so we are passing on to the adult system many young people who will go on to become the disturbed parents of even more disturbed and non-functioning next generations.

Philosophically, we are entirely in agreement that no person should be deprived of their liberty without cause no matter what their age. We are willing to believe that there have been abuses of the system which allowed for a locked door within a treatment facility. There are still a few young people who need to be physically contained so that you can at least get their attention; what you do with them once you have that attention is where the quality of the program shows itself. Some years ago in the Hamilton-Wentworth area an experiment was tried whereby a locked facility was provided for a small number of young people. It was intended to be used for precisely the kind of emotionally disturbed, uncontainable young people who ran rather than allow themselves to become face to face with their problems. The program had to resort to almost manufacturing charges since the court would not and probably could not give a mandate to lock the door on children who had not been found guilty of any delinquency. The experiment was a failure but it was a failure because it was never allowed to try and serve the group of young people for whom it was intended, but instead became a last chance before training school for some very delinquent as well as disturbed youths.

We don't believe that this judicial attitude is at all likely to change, in fact the present Ministry philosophy is going entirely the other way. Therefore, we have to seek out intense input in an open setting, and this setting, should be the young person's own home where there still remains some vestiges of family relationship on which to build. Most sixteen year olds drift home and drop in and out of their parents' environment. Family ties and the need for those ties is in general much stronger than anything else which can be provided.

A child who has demonstrated danger either to themselves or to the community is to some extent provided for by training schools or by the hospital systems, but every child so placed sooner or later will return home and if that home remains substantially the same as it was when the child left it, then we will be no further forward.

Normal Patterns of Adolescence

Anyone who is capable of looking back honestly at their own adolescence will see a person who was unloving and unlovable. It requires parents and children who have basically a good relationship and whose own self-image is strong and healthy to survive what are difficult years for them all. It is always a depressing thought that, when dealing or trying to deal with teenagers who come to the "Social Services" you are at least ten years too late. Consistency in pre-school years is the basis for the ability to maintain control by parents. Without this consistency things are very difficult. The pattern of the two year old is all too often repeated in the pattern of the teenager. This isn't very much help to the people who are faced with dealing with their own so-called normal teenagers. But the teens who come to the attention of the Society are just the top or bottom depending on which way you look at it, of the adolescent population as a whole. Except for those who move on either into the adult correction or psychiatric stream, all the young people with whom we deal will have to live as part of a community. Leaving adolescents in the community makes this transition smoother.

The wards of Children's Aid Societies, don't have homes to drift to and all too often we have succeeded only in making them dependent upon a system which is removed from them when they turn eighteen. If we look back at our own lives and those of our children, we must know that you still need an anchor and a base to come back to when things become too much. Our wards don't have that and therefore, we have to try and redouble our efforts to provide them with independence skills before we cut them loose into a world which all too often we haven't equipped them to deal with effectively. Because we have not given them appropriate survival skills, but instead have sent them out into the world with minimal ability to establish and maintain human relationships, they tend to perpetuate the original problems which brought them to the care of the Societies in the first place.

One has to admit that one does need an occasional push to help one face in another direction and look at possible alternatives with young people. It probably has not hurt to be forced to examine many of the practices to which we have become accustomed and to see how appropriate they have been in the past and whether or not we should try and change them. In some cases the baby has been thrown out with the bath water. Perhaps the societies need to be looking at the needs of the majority although it is the minority who give the hardest time because they demand such a high proportion of work and time. This is probably not going to change and so it behooves us to try and maintain our own sense of proportion and not ignore the needs of the youngsters who are not shouting quite so loudly.

References

Homer; Louise E. "Community-based Resource for Runnaway Girls", Social Casework, Vol. 54(8), New York, 1973.

Zastrow, Charles, "Help for Runaways and their Parents", Social Casework, Vol. 56(2) New York, 1975.

Mitchell, John J. Adolescent Psychology, Holt Rinehart & Winstow Canada Ltd., Toronto, 1974.

Steinhauer, Paul, D., M.D., F.R.C.P.(C); Premature Separation of the Family, 1980.

CHAPTER VI

ASSESSMENT AND TREATMENT

The Dichotomy

In child welfare services we must confront the potentially conflicting dichotomy of the community's responsibility for setting appropriate limits around parental behavior, and social work's belief in the individual's right to exercise his own will. Our challenge is to combine these two seeming opposites into a compatible union which benefits both.

A social worker "reaching-out", visiting a nonvoluntary family is perceived as an intruder. However, such a visit is a demonstration of concern. It is tangible proof that somebody cares. When the social worker has to use his authority and insist that visits will continue until the situation has improved, this is not a denial of the parent's right to self-determination, rather, it means to the parents that they will not be abandoned, even when their behavior fails to meet the agency's expectations. It is not structure, but philosophy, that reaches the unmotivated client. Philbrick (undated) reminds us that under the mask of anger and hostility which shouts "go away" there is a desperate sense of unlovability and low self-esteem.

In treatment in adolescent services we must examine what meaning the adolescent has for his parents and they for him. This calls for a complete assessment focused on the strengths of the parents, the asolescent, and the family, as well as establishing the prognosis for treatment and projected consequences of an unalterable situation. Just how devastating will it be to let the problem continue? Is there truly more to be gained by removing a adolescent? The old line protective agency with files that go back over several generations chronicling the repetition of neglect provide ample evidence that removal is not the cure. Too often removal simply magnified the adolescent as well as the parent's feelings of desertion and inadequacy while no real service is extended to the parents to help them do a better job.

The variations for trying to meet an individual adolescent's as well as his parents' fundamental needs to maintain family ties are countless, and the opportunity to develop more effective approaches is challenging.

The purpose of working within the family in child welfare is to maintain, enhance or rehabilitate parental, child and family functioning in the home. For the most part, child welfare agencies in Ontario have used in-home or supportive services for families who recognize that they have problems and who actively solicit help -the voluntary client. However, such services may also be indicated in adolescent cases.

The above material has been adapted in part from the Front Line Protection Program, Vol. II, of this series.

Can The Family Be Served With The Adolescent In The Home?

It cannot be overstated that immediate, intensive casework support is most effective at the point of crisis. It is this critical time that families either break up or survive intact, avoiding out of home placement. The literature is in general agreement concerning the desirability of providing services to adolescents in their own homes, wherever possible. Placement is made only as a last resort as long as the degree of risk to the safety of the adolescent has been carefully considered.

"Can The Family Be Served With The Adolescent In The Home?"*

Criteria

1. Will emergency services protect the child from further harm?
   - (a) Has an assessment of available emergency resources been made?
   - (b) What is the availability of these emergency resources?
   - (c) Is the family receiving services from another agency?
2. Will parents accept ongoing services designed to keep the adolescent in the home?
   - (a) Do the parents recognize that a problem exists and are they willing to contract for services?
   - (b) Do the parents understand the nature of the services available?
   - (c) Do the parents understand their parental responsibilities?
   - (d) Are resources available to provide ongoing services such as neighbour, relatives or agency-provided services?
   - (e) Have the parents' physical and emotional strengths and weaknesses been evaluated? Are they capable of fulfilling their responsibilities under the contract?
3. Condition of the adolescent:
   - (a) Can the physical and health needs of the adolescent be met in the home?
   - (b) Is the emotional condition of the adolescent sufficiently stable to remain in the home?
   - (c) If the adolescent is capable of making a decision, is he willing to accept services in his own home?

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* Adapted from the Utah Department of Family Services Task Force on Alternative Methods of Treatment for Families at Risk (1979).

Family Treatment

Expecting and anticipating healthy functioning is essential to constructive treatment relationships. Communicating to the family that you are able to examine and share the things that are right as well as the things that are wrong is fundamental to a full treatment relationship. The thrust of treatment is toward the finding and affirmation of the solution and away from denial of the problem.

Inappropriate dependence may take many forms and be fostered in many ways. The most inappropriate way of all may be the worker who offers an instant solution which required minimal effort or involvement by the adolescent or his family. This is true both for the family who are demanding instant placement of a difficult teenager or the tennager who demands the placement himself because he refuses to return home. This too often permanently shuts the door, at the most critical time of adolescent development, to further contact or communication with his family. The result can be a steady deterioration in the functioning level of the adolescent.

Family treatment is based on the assumption that where there is a troubled child, there is a troubled family. That all family members are affected by and contribute to the family disturbance.

Every family has its own homeostasis, sometimes at the expense of one or more of its members. The goal of family treatment is to help the total family arrive at a different level of homeostasis without expense to any of its members and that allows for healthy growth for all its members. Within the family homeostasis there must be the element of change as well as the element of stability. The more disturbed a family is, the more likely it will cling to fixed or regressive ways of operating, and thus avoid the developmental sequence for normal maturation.

Families need to be helped in family treatment to become more explicit in communicating their mutual expectations without double-bind messages.

Family therapy has the potential to help family members to release and express feelings of affection. It is essential that the family recognize the existence of affectional needs in the midst of turmoil as a continuing stable base for all if growth is to take place.

The Children's Aid Society worker must maintain a positive but neutral identification with both parents and adolescent. This is most difficult. The worker's primary role is to facilitate communication within the family, not to usurp role of parents or decide family goals.

Family treatment deals with the here and now, joining past and future in the present. It does not heal one member at the expense of another. It is honest and open, everyone knows what is going on. There are fewer secrets, less distortions and less manipulation.

In parent-adolescent problems, the adolescent should not be "pushed" toward separation from family, but rather work through the family problem.

For assessment purposes, family sessions should be included during the exploratory period.

Treatment considerations should relate to family disequilibrium. Family disequilibrium can be due to:

1. Change in stage of development of family itself.
2. Changes in family structure.
3. Outer reality stresses.
4. Personal individual stresses.

(all 4 in various combinations unique to each family).

In any family, whatever the stage of development, a healthy emotional climate for its members requires appropriate expression in the following areas.

1. To what degree does the family permit the expression of love, affection and caring.
2. To what degree does the family permit the expression of aggressive needs.
3. To what degree does the family permit the expression of sexual needs.
4. To what degree does the family permit the expression of anxiety.
5. To what degree does the family permit the expression of there needs in age related, appropriate heaviour in the home and outside of it.

These five factors should be evaluated carefully and the extent to which the family is able or wishful of change. How much do they wish to work together on the family proglems? The degree of tolerance and vulnerability should determine the treatment modality at any given stage in the treatment.

Communication is crucial in bringing about modification in family interaction. A need for a different kind of communication where feelings are not to be feared and can be handled. An honest communication permitting real feelings to come through and where these feelings can be mutually examined so it can become a corrective experience.

Intergenerational conflicts are not resolved by pushing the young adult toward "independent behavior", but by encouraging a different type of closeness to parents. Family treatment deals with the dual goal of obtaining family cohesion along with and as part of personal individualization.

Family interaction is the receiving and discharging of feelings, attitudes and behaviour within the immediate family. The pheomenon of family interaction is basically influenced by the relationship of these factors to the families of origin and to the social environment. The following areas must be examined in order to interpret family interaction.

1. Family vulnerability and strength.
2. Family Roles.

3. Family Goals.

4. Family communication patterns: verbal and non-verbal.

5. Family "Need-Response" pattern.

The above material is incorporated here for purposes of assessment and treatment of families and adolescents. Further identification of family treatment and a variety of models for it have been outlined in Ministry of Community and Social Services Training Program, Vol. 6.

Contra-Indications of Family Treatment

There are times when whatever our hopes might be, it is not feasible to try a family treatment approach to the resolution of parent adolescent problems. These include:

1. Where it's "too late". Family irreversibly headed toward break-up.

2. When one parent has a progressive paranoid condition or is a true sociopath.

3. Where one parent has some form of psychosis that critically dominates and involves the emotional life of entire family, or where some members have extremely rigid defenses needed for functioning.

The social worker attempts to focus on these considerations in order to establish a commitment to change on the part of the family. Motivation is one key to problem reduction and must be mobilized to the fullest. Ripple (1963) empirically demonstrated that there are three major factors that emerge as predictors of case outcome. They are motivation, capacity, and opportunity.

Motivation:	How much the family and adolescent wants to change.
Capacity:	The physical emotional and intellectual capacities of the family and the adolescent.
Opportunity:	The quality of service provided by the agency and the quality of service provided by the individual worker on the case.

In the research Ripple (1963) demonstrates further that even with reasonable motivation, reasonable capacity, and reasonable opportunity, no change in the case will take place unless the worker provides the individual with hope that things will improve and get better.

In addition to these factors, there is one more important consideration in predicting outcome of treatment. That is: the conviction of the worker that what he is doing is helpful to that particular client, family, or adolescent.

Effectiveness and efficiency of methods normally used in social work practice can be increased considerably if they are concentrated on helping clients achieve specific and limited goals of their own choice, within brief, bounded periods of service. In ego-psychology, the concepts of individual strength, partializing, and clearly contracting the roles and expectations of all involved, insures the realization of some fulfillment before moving on.

This approach not only gives the individual a feeling of accomplishment, and hence increased motivation to tackle other areas, but it also has something of the same effect for the worker. It partializes and defines the work to be done in manageable pieces and in so doing helps to reduce the feeling of overload, chaos and discouragement that often accompany families with acting-out adolescents.

Individual and Family Strength

The field of ego psychology has developed an important principle that clarifies the concept of strength. It is that: a human being, if deprived of normal life supports will fail to develop normal human strengths as a child. When an adult is deprived the level of functioning will be seriously impaired. The major human strengths include:

- A Capacity for Relationship

  Individuals are able to form appropriate and meaningful relationships with a variety of other people depending on their age and sex.

- Motility Pattern

  Individuals are able to utilize a considerable degree of motility and energy in solving ordinary everyday problems.

- Affect

  Individuals are able to respond appropriately to a wide range of stimulii in terms of tone of voice, expression, dress, etc.

- Intelligence

  Individuals can use the level of their intelligence as a strength in leading their lives.

- Tolerance of Frustration

  Individuals can be expected to tolerate reasonable degrees of frustration associated with the normal stresses and strains of their lives.

- Capacity for Reality Testing

  Individuals can be expected to identify and respond correctly to the feelings that other people have for them.

- Capacity for Judgement

  Individuals can be expected to use a degree of judgement in making decisions.

- Humor

  Individuals can be expected to enjoy appropriately life experiences suitable to their life style.

Adolescents and parents who are unable to relate, are immobilized, apathetic, unable to understand the concern of others for them, or unable to use their intelligence to cope with their lives require an enormous amount of support to change this level of functioning. Every worker, on the basis of common sense is able to assess the strengths of the parents and adolescent of concern to the agency. This ongoing assessment of strengths based on the observations made throughout the investigation and treatment process provides a realistic way to keep case management focussed on strengths that have some opportunity of ensuring an improvement in individual and family functioning.

This basic truth of human growth and development is the main reason that the provision of support is a major treatment procedure in social work practice in working with both individuals and families. It adds particular emphasis to the importance of providing treatment services to families as a means of improving family functioning as the surest way of protecting and safeguarding the family.

Supportive Treatment

It is not always possible to work with family or a group. As a result adolescents and their parents may have to be worked with on an individual basis. In addition, it is often desirable to use both methods at the same time.

There are a variety of methods involved in providing supportive treatment that are used along with the family supports that may be built into the management of a case by the Society or the community.

The object of supportive treatment is to bring the individual to an emotional equilibrium as rapidly as possible so that he is capable of functioning at a level approximating his norm. An effort is made to build on individual strengths, strengthen existing defences or assist the individual to develope better mechanisms of control over his behaviour.

The specific things done for the individual in supportive treatment depend on the training and orientation of the Children's Aid Society worker.

Guidance

Guidance is the term usually given to a number of procedures which provide active help for an individual in such matters as education, employment, problem solving or social relationships. Many casework and counselling procedures come under the category of guidance. Usually guidance is aimed at a specific disturbing problem which interferes with the person's adjustment.

Guidance is based on an authoritatian relationship established between the worker and the individual. One of the problems of guidance with adolescents is that the adolescent may be to overvaluate the capacities and abilities of the worker to the point he weakens his reasoning ability and rights to criticize.

SCALE FOR ASSESSMENT OF INTERPERSONAL HELPING

	Level 1	Level 2
Empathy	C.A.S. worker's verbal and behavioural expressions detract from interaction. eg. bored, preconceived frame of reference.	C.A.S. worker's responds to other than what the client is expressing. eg. awareness of obvious feelings but drains off, affects and distorts meaning.
Respect (Positive Regard)	C.A.S. worker communicates negative regard. eg. lack of respect for the person and the person's feelings, potential.	C.A.S. worker communicates little respect. eg. responds mechanically - ignores many feelings.
Genuineness	Discrepancy between C.A.S. worker's feelings and behaviours. eg. defensive in feeling tone.	C.A.S. workers verbalizations are slightly unrelated to feelings and when genuine are negative. eg. rehearsed quality to responses.
Self-Disclosure	C.A.S. worker actively attempts to remain detached. eg. refuses to answer any personal questions.	C.A.S. worker never volunteers information about himself and his experience. eg. briefly answers a question but closes off any further discussion.
Concreteness	C.A.S. worker leads/allows discussion on vague generalities. eg. lack of focus and clarity.	C.A.S. worker allows relevant material to be dealt with vaguely. eg. feelings dealt with on an intellectual level only.
Confrontation	C.A.S. worker disregards discrepancies in client's behaviours. eg. angry feeling tone, and accepting words ignored by worker.	C.A.S. worker disregards discrepancies in client's behaviour.

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*This chart has been adapted for purposes of this training program. We are indebted to the original author that we have been unable to identify.

Level 3	Level 4	Level 5
C.A.S. worker responds so as neither to subtract from nor add to client's expression. eg. accurate response to superficial feelings but not to deeper ones.	C.A.S. worker responds accurately and so client moves to awareness of deeper feelings.	C.A.S. worker responds with comprehensive and accurate understanding of client's deepest feelings.
C.A.S. worker communicates positive respect. eg. who and what client is matters to worker.	C.A.S. worker communicates deep respect and concern. eg. client feels free to be himself.	C.A.S. worker communicates deepest respect for other and his potential. eg. every act of S.W. validates the client.
C.A.S. worker makes appropriate responses but they are marked by a quality of uninvolvement. eg. listens and follows but no positive connection.	C.A.S. worker's response is genuine whether positive or negative. eg. usually no doubt that S.W. means what he says.	C.A.S. worker is freely and deeply himself in a non-exploitive relationship.
C.A.S. worker may introduce personal ideas. Experiences in accord with client's interests but vague. eg. talks generally without showing self in uniqueness.	C.A.S. worker volunteers personal ideas, attitudes and experiences in accord with client's interests and concerns.	C.A.S. worker volunteers even intimate material about self appropriately to client's interests and concerns.
C.A.S. worker at times enables client to discuss relevant material in specific and concrete terms. eg. focuses, partializes and explores.	C.A.S. worker frequently enables client to fully develop almost all instances of concern.	C.A.S. worker is always helpful in guiding discussion so that client may discuss completely specific feelings and experiences.
C.A.S. worker does not relate specifically to discrepancies. eg. general statement rather than specific inquiry.	C.A.S. worker's verbal and behavioural expression relate directly to discrepancies in client's behaviour. eg. direct questioning of discrepancy.	C.A.S. workers behaviour indicates keen and continual tuning to discrepancies in client's behaviour.

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*This chart has been adapted for purposes of this training program. We are indebted to the original author that we have been unable to identify.

Many adolescents actively resent guidance. They prefer to make their own decisions and their own mistakes. Others reject it because of previous experiences with authority figures. Guidance is never useful when the adolescent or his family have problems with authority which are so severe that they automatically go into competition with an authoritative person, depreciating, seeking to control, or acting aggressive and hostile manner.

In spite of its disadvantages, guidance may be the only type of treatment to which some adolescents and their parents will respond.

The Major Skills Utilized In Supportive Treatment

1. Environmental manipulation.

2. Externalization of Interests.

3. Reassurance.

Environmental Manipulation is an approach to treatment which attempts to deal with the problem by removing or modifying disorganizational elements in the environment.

Externalization of Interest while not strictly considered a treatment approach it can be an extremely supportive supplement to guidance. It is used with adolescents when the adolescent has become so absorbed in his inner problems that external reality has lost its meaning. To offset this, an attempt is made to redicrect the adolescent's interests toward the outside world such as arts, crafts and sports, etc.

Reassurance is utilized in some way in all treatment models. Entering into a working relationship with the Children's Aid Society's worker can in itself be reassuring that all is not hopeless. Whenever the individual or family is convinced. of the sincerity of the worker and accepts his authority, he may be helped by verbal reassurances to master new coping solutions to his problems.

Reassurance, however, can be extremely damaging to treat and relationship if it is given falsely or in any way that suggests it is not entirely genuine. In addition, this approach is practially never successful when applied to basic personality difficulties, particularly adolescents who have an extremely damaged concept of self-esteem.

The above approaches to treatment, when used with discretion, are all supportive. Together with a positive relationship and caring they can do a great deal to improve the individual strengths of the adolescent and his parents. In order to accomplish this a Children's Aid Society worker needs to be very aware of his own feeling and assess occasionally his method of interpersonal helping.

The scale on the preceeding page is a useful device to achieve this purpose. It is particularly useful as a self-evaluation tool when severe relationship difficulties arise with a particular adolescent.

Alternatives to Placement

By far the best alternative to placement is for an adolescent to remain at home. It is the exceptional young person who is capable of forming a relationship with a foster family; those who do so successfully are most often young people who have come to the Children's Aid Society care as a result of abuse within their own homes or through some other circumstances which has prevented them from bonding appropriately with their own families. Emergency placements may be viable in order to take the heat off some situations. In most cases, where situations come fresh to a Society without having been worked with either by the Society itself or other helping agencies, the best assistance for a young person and their family comes from group work for all parties. There are some formal programs run during after-school hours or in ad hoc groups formed at a given time in order to meet the needs of current clientele. It is helpful for an intake worker especially to have some recognized policy so that they are able to resist the demands of both parents and adolescents. Sometimes these demands can be overwhelming. Should it proves that an adolescent has to be admitted to care, then it should be done by the medium of an agreement between the Society, the parents and the adolescent and should be definitely time limited.

Some societies have gone so far as to create artificially severe conditions for adolescents admitted to care under these circumstances, with extremely structured placements made available with rules that are undoubtedly more restrictive than those in the adolescent's own home. This can be self-defeating especially in the case of adolescents whose own way of dealing with stress is to run away. Several societies have used diversion programs with success as an alternative to placement, and in general group counselling is easier for adolescents to become involved in, than one to one treatment which they find threatening and difficult. It is self evident that should there be no way in which a young person can remain within their own home (as for example an abuse situation), it is still preferable to seek placement with extended family or friends rather than use the resources of the Society. Most adolescents will do better in a placement that they have found for themselves and with which they are comfortable than in established foster homes. Room and board in the community may well be of greater value than foster parents for adolescents in the 15, 16 year old age group.

Working on contracts between adolescents and their parents can often be helpful. These contracts should be as specific as possible in order to avoid misunderstanding. It is usually helpful to have such contracts in writing. Parents will often need a great deal of help in negotiating a contract, especially if they are having difficulty in relinquishing control over their children's lives. Coming to terms with giving up this control is one of the hardest things for parents to understand. They are aware that they have lost control but are nonetheless often incapable of recognizing the situation which has arisen, and adapting themselves and their thinking to it. Parents are often afraid of their teenagers developing independence and spend a great deal of time trying to set back the clock. They need help to accept the reality that their children are becoming adults and reaching an age when they have to accept more and more responsibility for their own actions. In child welfare we never see the easy ones. The middle class professional type families who do come to our attention do so usually after exposure to many other helping agencies where attitudes have hardened and both sides have become adept at manipulation. In order to help parents to regain control of their children, we have to try and help them understand much of the struggles of normal adolescence.

During the adolescent period young people are struggling with establishing their own identity. One can say that identity formation depends largely on how adolescents perceive themselves to be seen by the world around them and particularly by their own peer group. Thus during this period, feedback from peers is of paramount importance to adolescents who spend much of their social energy learning to get along with this group. The stress that appears at this age is enormous and since it coincides in many cases with beginning high school, parents often relate the one to the other. Along with the struggle to establish an identity is the struggle for independence and breaking away from family ties. Most adolescents come through this period of their lives without coming into severe conflict with the community. The mood swings of adolescents are dealt with within the family and the peer group both at school and in the community and consistency and the sense of personal worth serve as sufficient anchors to keep an adolescent from becoming so out of control that their behaviour brings them to the attention of police and community mental health facilities.

Present day society denies young people the opportunity to find rewards in meaningful, constructive work. At home too often the chores that are available are routine and are allocated because they are distasteful to adults. Schools, early in a child's exposure to education, often initiate and perpetuate a poor self-image particularly in early adolescence. School is still an important part of a young person's life. The self-image imposed and perpetuated there colours the thinking, acting and reacting of adolescents. School isolates and segregates adolescents of compulsory school age from the rest of society with great sharpness. Because school is of such major importance, the fact that very many young people are turned off by education at a young age and are locked into feelings of poor self-image and no self-worth adds to the violent acting out in adolescents.

Peer influence is not always destructive. Parental warmth and understanding may be lacking or there may be parental hostility, indifference, neglect or exploitation. In such circumstances interested and competent peers may sometimes help to provide not only an escape in terms of psychological and physical separation but a source of understanding and support and an alternative set of models for achieving mutually rewarding, interpersonal interactions.

As Peter Blos and Anna Freud and others have observed, adolescence may provide an important opportunity, sometimes the last major opportunity, for repairing psychological damage incurred during the years of early and middle childhood and for developing new and more rewarding relationships both with oneself and with others. A mature, warm, interested and above all non-exploitive adolescent peer may play an important, and sometimes crucial role in helping a boy or girl to gain a clearer concept of himself, his problems and goals, a feeling of personal worth and renewed hope for the future.

Dealing With 15½ Year Olds

More than any other group of young people who come to the attention of Children's Aid Societies, dealing with 15½ year olds is generally difficult. More than any other age group, one needs to concentrate one's efforts on keeping these young people within their family systems, since within the confines of The Child Welfare Act there is virtually nothing in six months which can be achieved without the very active participation and motivation of the young person involved. Obviously like every other generalization, there are exceptions to this rule. Many young people who have been alienated from their homes from a younger age somehow manage to be able to return there when they turn sixteen. Where home is non-existent, or so totally deficient as to approach that state, one can assume that most sixteen year olds will either drift back home and stay there or drop in and out of home in a haphazard manner depending on the toleration of their parents.

References

Bernstein, B. et al., Foster Care and Alternatives to Placement: Albany: New York State Board of Social Welfare, 1975.

Francis, V., Termination of Parental Rights: The American Humane Association, Children's Division, 1971.

Goldstein, J., Freud, A., Solnit, A.S., Before The Best Interests Of The Child: The Free Press, N.Y., 1979.

Kadushin, A., Child Welfare Services: 2nd edition, MacMillan Publishing Co., New York, 1974.

Palmer, S.E., "The Decision to Separate Children From Their Natural Parents". The Social Worker, Vol. 39 #2, 1971.

Philbrick, E., Treating Parental Pathology - Through Child Protective Services: Children's Division, The American Humane Association (undated).

Phillips, M., et al., Factors Associated With Placement Decisions in Child Welfare: Child Welfare League of America, N.Y., 1971.

Reid, W.J., Epstein, L., Task-Centered Casework: Columbia University Press, New York, 1972.

Ripple, L., Motivation, Capacity, Opportunity: Columbia Press, New York, 1963.

Sherman, E. et al., Service to Children in Their Own Homes - Its Nature and Outcomes: Child Welfare League of America, N.Y., 1974.

Utah Department of Family Services Task Force Committee, Report: Task Force on Alternative Methods: Published in Local Child Welfare Services Self Assessment Manual, Department of Health, Education and Welfare, Washington, D.C., 1979.

CHAPTER VII

CONCLUSION

This training program has attempted to provide the program participants with a range of theoretical knowledge about adolescents and methods, wherever possible, for working with them. It is meant to be used as content for the training programs to be held in this series as well as providing a source book for purposes of further study and development of practice skills.

We recognize that many experienced workers and supervisors may have very well developed skills in the area of working with adolescents but we hope that such staff will find some significance in some of the concepts and methodologies described.

The concepts of the psychosocial model for normal child and adolescent development are examined. The major focus is maintained on the specific stages of adolescence and the powerful needs and wants that accompany each stage.

Specific information is outlined that relates to adolescent sexuality and the adolescent need for intimacy. The implications for adolescent behaviour where this need is not fulfilled is also examined.

A major phenomenon of most adolescents today is the overwhelming anger, resistance and acting-out behaviour demonstrated to Children's Aid Society workers by the adolescents they are trying to help. Specific attention is paid to the principles and methods of dealing with these phenomena wherever possible.

In the Front Line Protection Program one of the most important theories examined was separation theory. This program takes that material a step further and examines the implications of premature separation from the family so typical of the many runaways with which we are attempting to cope. Little success has been achieved by child welfare agencies in intervening in this problem with the exception of the small number of adolescents who are helped to return home and work out their difficulties directly with their families.

The final section of the training program stresses the importance of working with the family. It provides some assessment tools and methods currently in use in the Province of Ontario.

The training manual covers an enormous amount of material in its four day curriculum. A framework for understanding, assessing, and providing guidance and counselling to so many active and angry adolescents takes many years to understand and master. It is hoped that this training program will stimulate that kind of learning process in all its participants.

PART TWO

SELECTED READINGS

CHAPTER VIII

SUICIDE AND ADOLESCENCE

Camus' Myth of Sisyphus, a book that has been popular with college students, opens with: "There is but one truly serious philosophical problem and that is suicide: Judging whether life is or is not worth living amounts to answering the fundamental question of philosophy (p.8)". Each year approximately 1,000 college students decide that life is not worth living and commit suicide.

Society has taken various positions on the subject of suicide, as today various attitudes toward suicide range from complete condemnation through mild disapproval to, in rare cases, incorporation as one of the elements of communal life. Despite this variety, the predominant attitude towards suicide is one of condemnation as H.R. Fedden observes:

> Suicide shows a contempt for society. It is rude. As Kant says, it is an insult to humanity in oneself. This most individualistic of all actions disturbs society profoundly. Seeing a man who appears not to care for the things which it prizes, society is compelled to question all it has thought desirable. The things which makes its own life worth living the suicide boldly jettisons. Society is troubled, and its natural and nervous reaction is to condemn the suicide. Thus it bolsters up its own values.
>
> (3, p.3)

An investigation of suicide is difficult due to the unreliability of the statistical data. Most of the data depend on reports of local coroners, and authorities agree that a large number of suicides go unreported because of social, religious, and legal taboos. It is also important to note that accidents are the leading cause of death in children and adolescents by a wide margin and there is no way of knowing how many of these accidents may be unreported suicides. Given these statistical problems it is estimated that in the United States suicide is the third leading cause of death in the 15-19-year-old group. Late adolescents of college age are even higher suicide risks (10).

This paper reviews investigations concerning the nature of suicide in adolescence, attempting where relevant to distinguish it from suicidal behavior in other age groups. The college student suicide will also be considered. Case studies and autobiographical material will be used to explicate empirical trends since these can effectively convey the meaning of the statistical data in human terms.

Miller, John, P., P.H.D., ADOLESCENCE, Vol. X No. 37, Spring 1975, Libra Publishers Inc., 391 Willets Rd., Roslyn Hts., N.Y. 11577

Empirical data are reviewed in order to identify individual and environmental factors which are related to adolescent suicide and suicide gestures. It should be kept in mind that these are correlative data only since methodogical deficiencies prevent us from ascertaining conclusive causal relationships. However, these data do provide some conception of the nature of adolescent suicide. The review assumes that both individual characteristics (e.g., constitution, behavior and emotion) and environment circumstances (e.g., social isolation) are important in understanding adolescent suicide. Some research has emphasized one element to the exclusion of the others. For example, orthodox psychoanalytic theory (9) has argued that suicide is explainable through the strong assertion of an inborn death urge, thantos. On the other hand, Durkheim (2) and other sociologists have emphasized social conditions in explaining suicide rates. Sociological studies in general have tended to dismiss the behavior of suicidal persons as well as their writings and beliefs. There is no need for this ideological dichotomy since both individual characteristics and the environment are useful in understanding an act which is dependent on the interaction between these two elements.

CORRELATIVE DATA ON ADOLESCENT SUICIDE

Environmental Conditions—Social Isolation

An important environmental factor behind suicides is the "death trend." In a study by Moss and Hamilton (7) of 50 suicidal patients, it was reported that in 95% of the cases there was death or loss under dramatic and tragic circumstances of a person close to the patient. Significantly, in 75% of the cases, the death had taken place before the patient had completed adolescence.

The result of such a loss is that there is a decrease in sense of worth, as the person sees the death as abandonment. The loss also means a disruption of an interpersonal relationship, with emotional deprivation caused by the loss of the parent, and also the possible loss of love from the other parent due to the change in the family living structure. Schneer and Kay (12) in their study of suicidal behavior in adolescents also noted the factor of loss in 84 cases at King's County Hospital in Brooklyn. The biological father had usually lost contact with the family. The biological mother remained, but her attitude was usually one of morbidity or gross neglect.

In his study of adolescent suicide, Toolan also found that the common denominator was the loss of the love object. He says the loss will lead the child to hate the object which he feels has betrayed him. Yet he will eventually assume the burden of guilt as he attempts to absolve the parents. Thus, guilt feelings will combine with his aggressive tendencies. This process, according to Toolan, takes a long time and will reach its height in late adolescence. At this time, much of the hostility aimed at the parents is turned inward and the final result may be suicide.

Loss may also cause identification with the deceased. Zilboorg (19) feels that these are the "most truly suicidal individuals," as there may exist with identification a desire to rejoin the decased in afterlife. An example of this tendency is the girl who attempted suicide after dreaming that her dead mother was beckoning her (13). Another twenty-two-year-old girl jumped off a fourteenth story window on the same day her mother died when the girl was fourteen. These cases not only indicate the identification with the deceased but also the power of suggestibility and magical thinking that is most common in adolescent suicides.

Another environmental factor in suicidal cases is stress. Tuckman and Common (18) report that poor home conditions produced terrible strains on their patients. In fact, inf 29% of the cases the home situation was so bad that intervention by the Society For the Prevention of Cruelty to Children was necessary. They also discovered that delinquency was reported in the patients, relating to the acting out behavior of suicide. Suicide, along with delinquency, represents, then, not a mental illness, according to Tuckman and Common, but a desire to change or end the social environment. Thus, they discovered an interrelatedness of family disorganization, delinquency and suicide.

Sometimes these environmental characteristics have been lumped under the term social isolation. In short, this term refers to any environmental factor (e.g., disorganized home, parental loss, frequent residential shift) which reduces or impedes the adolescents interaction with the immediate community.

Psychological States

The most common emotion observed by those reporting suicidal behavior is depression. Although there are other emotions which sometimes exist in the suicidal patient, depression is most frequently reported. The trouble is that this depression may not be readily apparent since it may exhibit itself in boredom, restlessness, and preoccupation with trivia. As Toolan states, the adolescent will frantically seek something new to entertain him. Often he will act his feelings out through means of delinquency, sexual promiscuity, or drugs. Sometimes the adolescent will engage in superficial relationships with others, but not derive emotional support from these relationships. These adolescents may place their affection in animals or pets. Whatever the adolescent does, he almost always keeps his depression to himself. A good example of this attitude is seen in J.S. Mill's description of his feelings of depression at the age of twenty:

> My father, to whom it would have been natural to me to have recourse in any practical difficulties, was the last person to whom, in such a case as this, I looked for help. Everything convinced me that he had no knowledge of any such mental state as I was suffering from, and that even if he could be made to understand it, he was not the physician who could heal it . . . Of other friends, I had at that time none to whom I had any hope of making my condition intelligible. It was however abundantly intelligible to myself; and the more I dwelled upon it, the more hopeless it appeared.
>
> (5, p. 738)

Even if someone does perceive an adolescent's depressive condition, they may dangerously disregard it as just another "phase."

Magical thinking is also found in adolescent suicidal cases. Usually this takes the form of the belief that suicide will radically transform the world or the adolescent since he or she sometimes does not have a realistic view of death's finality. This mysticism is seen in the writing of William Hazlitt at age fourteen, who lived in England in the early part of the nineteenth century:

> I thought sometimes, although yet the thought of death smote cold upon my mind, that if only I could have burst through the nameless constriction that agonized me, I would have been contented to grasp the whole of existence in one strong embrace, to sound the mystery of life and death in one moment, to confront, in horrible fascination, the King of Terrors in his grisly palace
>
> (5, p.735)

Individual Constitution

One of the constitutional characteristics in the adolescent who thinks of committing suicide is suggestibility. Depressed adolescents respond more readily to the suggestion of suicide than do adults. Experiments with hypnosis show that most adolescents are susceptible to a great degree, and many impulsive suicides are results of past hypnotic suggestion (13). This factor of suggestibility has also been borne out by studies of adolescent "suicide epidemics" in primitive societies due to cultural mores. "Anniversary suicides" also indicate suggestibility in adolescents, as the person attempts suicide on the date which matches that of another's death. A tragic example of suggestibility is the case where a boy hanged himself in a way that was similar to a hanging in a comic book he had just read. Also, a boy working with chickens hanged himself in a way similar to the technique used on the chickens (13, p. 160). The element of suggestibility is drawn clearly in the writings of Harriet Moore, one of America's leading poets and editors in the early part of the century. In excerpts from a poem which she wrote when she was ten, she presented her reaction to the suicide of a classmate:

> I hear them whispering---what is it?
> "Lizzie Wescott-hush."
> Where is she? Yesterday she was here---
> So nice, so pretty, with curly hair---
> Here at her desk, like me.
> It's something awful---where is she?
> "Hush---Lizzie Wescott is dead."
> Dead.
> What is it to be dead?
>
> It's easy---anybody might do it---
> Yes,---even me!
>
> Why do I think of it all the time,
> God?
> Please take the thought from me---
> I don't want to!
> It's too dark for a little girl down there,
> And too cold.
> Take it away.
> If I step on a crack in the sidewalk---I'll have to do it.
> Oh awful, if I should step on that crack!
> Help me over it, God---surely you don't want me to do it!
> Thank you!
> Oh, help me!

> Why am I running so fast---
> Running away!
> Oh, why did I see it---
> That big blue bottle with Poison on it, and a skull-and two bones!
>
> Now I'll have to do it---
> It's right there---so near!
> How can I help it now?

(5, pp. 748-9)

Another constitutional correlation has been discovered between hypersensitivity and adolescent suicidal behavior. Tests made through the Rorschach method and color shading responses have indicated this tendency (13). This aspect is expressed strikingly by David Garnett, the author of the imaginative novel, Lady into Fox. As a fifteen-year-old boy, his reaction to Eleanora Duse's acting set off a morbidly sensitive period:

> I was at this stage morbidly sensitive, and the impact of real tragedy was as overwhelming as that of Duse's interpretation of the dying consumptive girl . . . The intensity of one great sorrow had bred another more terrible and lasting. As I thought it over, it seemed to me that the world in which such things were normal and natural was not fit to be lived: that life in such an environment and on such terms was unendurable, and that I should be wise to be quit of it.
>
> "Suicide is the answer," I said to myself, and I drew my keen little black-handled Finnish knife and looked at it. "Only drive that in between your ribs and you will be free of all sorrows," and I lay for a long time undecided, holding the knife in my hand.

(5 p. 759)

A final more general constitutional characteristic is the developmental factor. A sharp increase of reported suicide at the age of puberty suggests that the powerful sex drive with attendant physical and social change cause adjustment problems that are overwhelming for some adolescents. In Erikson's developmental terms, the conflict between identity and identity diffusion during adolescence may lead some adolescents to turn to suicide as a way of avoiding the conflict if it becomes too intense.

Behavior

The last set of correlates deal with behavior and reveal that suicide is related to a series of different degrees of aggression turned in different ways on one's self.

Other behavior may stem from aggression. Schecter believes that "suicidal equivalents" (depression, accident-proneness, anti-social acts) are used by children as forms of aggression since the more direct ways of turning aggression against the self are too frightening. Dr. Menninger sees neurotic physical complaints, from stomach trouble to severe disturbance of health without organic basis, founded on this aggressive mechanism (13). This element of aggression can be seen, surprisingly enough, in Gandhi at age fourteen when he expressed aggressive behavior due to his parents' restrictions:

> But we were far from being satisfied with such things as these. Our want of independence began to smart. It was unbearable that we should be unable to do anything without the elders' permission. At last, in sheer disgust, we decided to commit suicide!
>
> But how were we to do it! From where were we to get the poison? We heard that Dhatura seeds were an effective poison. Off we went to the jungle in search of these seeds, and got them . . . But our courage failed us. Supposing we were not instantly killed? And what was the good of killing ourselves? Why not rather put up with the lack of independence? But we swallowed two or three seeds nevertheless. We dared not take more. Both of us fought shy of death, and decided to go to Rama Mandir to compose ourselves and to dismiss the thought of suicide.
>
> (5, p. 753)

Aggression may also be related to adolescent rejection of values associated with childhood. An example of this conflict that leads to morbidity is seen in Goeth's behavior when he was a student at Leipzig:

> This uncertainty of taste and judgment disturbed me more every day, so at last I fell into despair. I had brought with me those of my youthful works which I thought best, partly because I hoped to get some credit by them, partly in order to be able to test my progress more surely; but I found myself in the completely wretched condition in which one is placed when a complete change of mind is required--a renunciation of all that I hitherto loved and found good. After some time, however, and many a struggle, I felt so great a contempt for my works begun and ended, that one day on the kitchen hearth I burnt up poetry and prose, plans, sketches and designs altogether, and by the smoke which filled the whole house threw our good landlady into no small fright and anxiety.
>
> (5, p. 720)

With Goethe, there was a need to get rid of those works since they were so closely identified with his childhood. In sum, in the struggle for identity the adolescent may deal with past childhood identifications by rejecting them through an aggressive act.

The Cry For Help

Extremely important in adolescent suicidal behavior is the possible adaptive value of the suicide attempt. It is significant to note that the adolescent disproportion between threatened or attempted suicide and committed suicide is 120 to 1 in Tuckman's study, and 50 to 1 in Jacobinzer's. The rate of adults is usually 5 to 1 (13). Adolescents attempt suicide in order to call attention to their condition and to change their present situation. For example, Hsieh Pingying in China attempted suicide because her mother would not let Hsieh continue her studies. Hsieh described her response to her mother's ultimatum:

> So I lost all hope of continuing school. When I realized this my heart was broken and I decided to commit suicide.
>
> When the spirit of spring came to the earth again there was life and growth everywhere; only I was planning to atread the road of death. . . At last I decided to starve myself to death in bed.
>
> Mother seemed to know that I was fasting because I wanted to study, and purposely paid no attention to me, which made me all the more determined to die.
>
> But on the third day, when she saw I was so stubborn Mother consented. She said that for two years she was going to watch my behavior. If I improved after those two years, then I could go to school. If not she would marry me off. Through this ray of hope my small life was saved.

The trouble is that the cry may be ignored with the result that the attempt ends in suicide, instead of a social response. Schneer and his associates (12) believe that "threats and attempts represent aspects of a continuum of suicidal behavior which could culminate in death." The link between threats and attempts lies in the frequent shifting from threats to attempts and vice versa in a period that may range from minutes to years. For example, one girl drank rubbing alcohol and green ink, tied rope around her neck and threatened to jump out the window in rapid succession. Another patient threatened suicide for two years before making attempts. Although the "attempt" or "threat" in the adolescent may be aimed at constructive change, the results may be tragic, depending on the various tendencies within the child and the reactions of the surrounding environment:

The College Suicide

> I was sick of the feeling that I was accepted for reasons having nothing to do really with me, but with the home or parents I came from. I was sick of the idea that you had to be rich, sleep with everyone, and kiss everybody's royal American to be someone. I only wanted to be myself, but that never seemed to be enough.
>
> My parents hounded me about grades to the point where I spent more time worrying than studying. The idea of failure was the worst thing in the world that could happen. There was no chance to begin over; if you failed the first time, that was it. By the time exams came, I was a nervous wreck.
>
> I went home before exams for the weekend. Then it happened the worst it had ever been. Then came 75 sleeping pills, 125 aspirins and a razor blade.
>
> A coed from Wisconsin
> (14, p. 8)

The problem of mental health and suicide in even greater in college than for adolescents in general. The suicide rate for the college population is 50% higher than the general population. Each year 100,000 college students threaten suicide and some 1,000 actually commit suicide (10). Dr. Farnsworth at Harvard University reports that for every 10,000 students:

1,000 will have serious emotional conflicts
300 to 400 will have feelings of depression that impair efficiency
15 to 25 will become ill enough to require treatment
5 to 20 will attempt suicide
1 to 3 will commit suicide

(14, p.8)

The problem is not localized to the United States. For instance a morbidity study (5) for the three-year period 1947-9 at Oxford University indicates a suicide rate eleven times that of the general population. In India, year after year there is a wave of suicides after examination results come out.

The reasons for the incidence of college student suicides include mostly general observations, as very few scientific studies have been made. Dr. Farnsworth observes in his book Mental Health in College and University that the problem of forming an identity (referring to Erikson) is the major problem which causes many emotional difficulties. Since college usually brings the first breaking of family ties along with indecision over vocational choice, the student may react to these new pressures in a dramatic and suicidal manner. The problem of sexual intimacy is also critical to the adolescent in establishing his identity, as UCLA psychiatrist Robert Burns (16) believes, "intimacy without emotion" is a significant cause of student emotional difficulties.

Two major studies on suicidal behavior in college have been done at Harvard and Cornell. The study at Cornell by Braaten and Darling reports a correlation between grades and suicidal tendencies, although other studies (11) do not support this trend. The study at Cornell, which contained a sample of 134 students, did observe certain similarities to suicidal behavior in adolescence already mentioned. For instance, the suicidal patients, both males and females, showed, on the average, more psychopathology than non-suicidal patients as measured by the MMPI and Mooney tests. Like most studies on adolescence, the Cornell report did not observe any correlation between suicidal tendencies and race, religion, or social status.

The study also supports the correlate that depression is common to suicidal tendencies---"The suicidal patient would be more depressed, obsessive-compulsive, and schizoid than a patient without suicide tendencies," (1, p. 676). William B. Temby, in a study of 34 suicides at Harvard University, agrees with this tendency as he says, "In 24 of the 34 suicides some evidence of pre-existing emotional illness, usually depression, was found." (15, p. 145)

Temby's study also discussed the problem of loss. In 7 of the 34 cases there was a known recent loss of a person who had emotional significance to the student, and one-half had suffered the loss of a parent in childhood from death or divorce. In fact, Temby's study supports the hypothesis that loss is the most important environmental factor in suicidal behavior. He says, "The correlation between suicide and death of a parent is the most impressive of these traumatic influences." (15, p. 138). The result of the death of the father also meant that possibly seven of the students identified with the lost parent. Identification is seen in the following case:

> Another boy appeared to have been strongly identified with his physician father who died when he was seven. He wanted very much to be a physician and died at his own hand after having become depressed in January of his senior year over not having heard from any of the medical schools to which he applied.

(15, p. 143)

Braaten and Darling report one factor which was mentioned before in adolescent suicidal behavior but is particularly important in the college situation. This is the feeling of inadequacy which arises from stress. The questionnaire item which was answered most frequently by the suicidal patients was "I certainly feel useless at times." This item does not bear directly on death, or self destruction, but rather reflects feelings of unworthiness or inadequacy. According to the study and other data (11) this sense of inadequacy is a chief motive for suicide. Academic or social pressures enhance the sense of unworthiness. As seen in the note by the Wisconsin coed, the student can associate academic failure with parental rejection and thus attempts to deal with these factors through suicidal gestures.

In 1965 the National Student Association and national Institute of Health joined with professional psychologists and educational associations in sponsoring a conference on suicide and student stress. Dr. Edward Sholen found the consensus of the conference to be:

> First, although the defining lineaments of a good education may not be conceptually clear, there was a widely shared sense that very few colleges and universities offer programs that embody them; and second, the lack of a "really good education" it was felt, is the central source of student stress.
>
> (14, p. 12)

The crucial issue seemed to be the lack of "relevance" as course work is generally unrelated to the problems of society. One student went to the center of the problem when he said:

> If the content and structure of my courses were more relevant, if they would excite my fellow classmates as well as me, if teachers were willing to spend time to make the problems they discuss in class as important to us as they are to them,--well, what might be a lot of "if's" . . . but then I would not have time for personal problems or I would probably be solving most of those while I was learning.
>
> (14, p. 18)

The result of this situation which the student describes is stress - not a productive stress, but destructive stress of academic categories arbitrarily defined and decisions remotely made. The conference recommended two basic reforms to correct this situation. One is for greater mental health services which are inadequate on many campuses. The second is the need for student involvement in order to formulate relevant education. Although there have been demonstrations, reforms, and more student involvement in university decision making since that conference, the recommendations are still valuable guidelines for meeting the problem of student stress and suicide. A recent study (9) indicated that many universities still do not offer adequate mental health services to meet the problem of suicide.

A Prescription

The cry for help is of great importance in considering adolescent suicidal behavior. Because the disproportion of attempts to actual suicides is so great, it is apparent the adolescent is seeking to call attention to himself to improve his situation. The seriousness of his cry cannot be ignored, since many adolescents try more than once to take their lives, even while they are still consulting psychiatric services. Ignoring or reproaching the suicidal problem is certainly no answer to the problem. One student at Harvard wrote in one of his themes of his temptation to commit suicide. His instructor returned the paper with the statement that the student should end such thoughts immediately. The student committed suicide that year, although the medical department tried to consult him. Temby concludes, "It is possible that the indignation of the instructor might have led him to respond in a way which destroyed the confidence of the student." (15, p. 150). Sincere concern on the part of the teacher or school counseling services is the only intelligent response to the mention of suicide.

The treatment of suicide should be viewed not only in terms of the individual but also in terms of social structures. In short, suicide can be viewed as an extreme behavioral response to the general condition of alienation that characterizes contemporary technological society. Recently there has been a great deal of literature analyzing the alienating impact of contemporary social structures such as schooling, Holt, Friendenberg, and Kozol, for example, have been among the many writers who have effectively detailed how the schooling process make it difficult for the student to develop a genuine sense of autonomous selfhood. This process has been summarized in the poem by a 16-year-old boy who later committed suicide.

> He always wanted to explain things
> But no one cared.
> The teacher came and spoke to him.
> She told him to wear a tie like all
> the other boys.
> He said it didn't matter.
> After that they drew.
> And he draw all yellow and it was the
> way he felt about the morning
> And it was beautiful.
>
> The teacher came and smiled at him.
> "What's this?" she said. "Why don't
> you draw something like Ken's drawing
> Isn't that beautiful?"
> After that his mother bought him a tie.
> And he always drew airplanes and rocket
> ships like everyone else.
> And he threw the old picture away.
> And when he lay out alone looking at the
> sky
> It was big and blue and all of everything.
> But he wasn't anymore.
> He was square inside and brown
> And his hands were still
> And he was like everyone else.
> And the things inside him that needed
> saying didn't need it anymore.
> It had stopped pushing.
> It was crushed.
> Stiff
> Like everything else.

(8, p. 7)

Elsewhere the author (6) has discussed educational alternatives to counter this condition of student self-alienation. However, the point should be made that although the effective treatment of individual cases is necessary, the local structures which contribute to social isolation and alienation should be altered also in order to facilitate adolescent identity and integration.

References

(1) Braaten, Lief J. and C. Douglas Darling. "Suicide Tendencies Among College Students," Psychiatric Quarterly, 35:364-391, 1962.

(2) Durkheim, Emile. Suicide: A study in Sociology. New York: Free Press, 1951.

(3) Farberow, N.L. and Edwin S. Schneidman. The Cry For Help. New York; McGraw-Hill Book Company, 1962.

(4) Farnsworth, Danada. Mental Health in College and University. Cambridge: Harvard University Press, 1957.

(5) Kiell, Norman. The Universal Experience of Adolescence. New York: International Universities Press, Inc., 1964, pp. 714-769.

(6) Miller, J.P. "Schooling and Self-Alienation: A Conceptual View," Journal of Educational Thought, 7:105-120, 1973.

(7) Moss, L.M. and Donald M. Hamilton. "The Pschotherapy of the Suicidal Patient," American Journal of Psychiatry, 112:81-820, 1956.

(8) Poem about our society, Toronto Daily Star. July 9, 1969, p.7.

(9) Praul, E.J. The role of college counselors with regard to the problem of suicide among students: an exploratory study, unpublished doctoral dissertation, University of Toledo, 1971.

(10) Ross, Matthew. "Death at an Early Age," Canada's Mental Health, 18:7-10, 1970.

(11) -----. "Suicide Among College Students," American Journal of Psychiatry, 126:220-225, 1969.

(12) Schneer, Henry I., Paul Kay, and Morris Brozovsky, "Events and Conscious Ideation Leading to Suicidal Behavior in Adolescence," Psychiatric Quarterly, 35:507-515, 1961.

(13) Shaw, Charles R. and Ruth F. Shelkun. "Suicidal Behavior in Children," Psychiatry, 28:157-169, 1965.

(14) "Suicide and Student Stress," Moderator, V (October, 1966), pp. 8-15.

(15) Temby, William. "Suicide and Suicidal Attempts in Children and Adolescents," American Journal of Psychiatry, 118:719-24, 1962.

(16) Time, V 88 (October 14, 1966), p. 114.

(17) Toolan, James M. "Suicide and Suicidal Attempts in Children and Adolescents," American Journal of Psychiatry, 118:719-24, 1962.

(18) Tuckman, Jacob and Helen E. Connon. "Attempted Suicide in Adolescents," American Journal of Psychiatry, 119:228-232, 1962/

CHAPTER IX

THE RUNAWAY GIRL*

Juvenile delinquency has been of concern to mental health personnel since the turn of the century. Attention has been focused mainly on the boy, however, and it is only more recently that the acting-out behavior of the girl has come under intense scrutiny.

With reference to juvenile delinquency, acting-out may be defined as a repetitive attempt, through actions, to solve areas of conflict in defiance of authority. One of the most frequent forms of acting-out in the adolescent girl is running away. Although a common symptom in both boys and girls, in the girl it usually represents a far greater level of pathology. Review of the records from several courts indicates that running away may constitute over half their case load of adolescent girls. Considering the other behavior such as stubbornness, disobedience, or sexual promiscuity, where running away may also be part of the pattern, the incidence is even higher. Further, there are ample indications that running away is in reality even more frequent than reported by the courts. This is presumably due to the fact that running away is far too often treated extremely lightly by the parents, or by the police when it is called to their attention, and court complaints are not made. It is usually dealt with by a "talking to," and no investigation as to the cause of the girl's actions is made. Unless the girl becomes unmanageable or her behavior repetitive, this situation rarely reaches the attention of the professional mental health worker. However, it should be strongly emphasized that, in the adolescent girl, running away, far from being a childish escapade, is almost invariably indicative of extensive and severe individual and family pathology.

It must be recognized that running away from home can result from a wide variety of intolerable home situations, and that no one cause will be seen consistently. However, in a large proportion of cases, there is considerable indication that the girl runs away from home to ward off the unconscious threat of an incestuous relationship with her father, the fear of the resultant dissolution of the family, and the concurrent depression.

The study on which this chapter is based (1) was carried on in the Massachusetts Court Clinics. The Division of Legal Medicine of the Department of Mental Health of Massachusetts maintains thirteen such mental health units in courts throughout the state. Their purpose is to help the judge understand individual cases, make diagnoses, offer recommendations on dispositions, and treat offenders placed on probation.

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* Friedman, A.S., Family Dynamics And Female Sexual Delinquency. Science and Behavioural Books Inc., Palo Alto, Cal., 1969.

They have also been active in conducting research in various aspects of the psychodynamics of offenders. Clinics in two courts were involved in the study. The first of these serves an essentially suburban area of approximately $150,000. Using the classification of Hollingshead and Redlich (2), the families seen in the district are predominantly from Classes 2 and 3 (upper middle and middle class), with some families in Class 4 (lower-middle class). The second court covers a population of some 60,000 in an economically deprived area of the city of Boston where the families are mainly from Classes 4 and 5 (lower-middle and lower class). Records from the first of these courts indicate that approximately 55 percent of their case load of adolescent girls were charged with running away. In the second court, this charge appears in only about 25 percent of the cases. Despite this recorded lower level in the economically deprised area, however, it becomes clear that the incidence was as high, if not higher; but the referral rate by parents to the police, and by the police to the courts, was considerably lower. While not specifically included in the study, a review of cases from both courts with charges such as stubborn child, lewd and lascivious cohabitation, or unauthroized use of a motor vehicle, revealed that the girls had really been running away from home.

For the purposes of this discussion running away is defined (as it was for the study) as leaving home without permission for at least overnight, with the stated intent to run away. The study was restricted to girls who were living either with both parents or with one parent and a stepparent.

It should be noted, when discussing cases evaluated by court clinics, that a great deal of preselection has occurred by the time the case is referred. The parents will not inform the police until they feel they can no longer handle the problem. It is also clear that the police themselves prefer not to bring a girl into court unless her attitude is particularly stubborn or her behavior repetitive. After a court appearance, the case is usually referred to the court clinic, unless the girl's behavior is so uncontrollable that commitment to the Division of Youth Service is considered necessary.

Upon referral of a case to the clinic, arrangements are made for the psychiatrist to see both the girl and her parents as soon as possible. While some parents are reluctant to have any contact with the clinic, the court is, of course, able to provide considerable motivation for them not only to participate in the diagnostic evaluation but also to engage actively in treatment where it seems indicated. Where possible, all cases are seen at least three times in diagnostic evaluation, although many fathers, despite pressure from the court, refuse to come to the clinic after the first interview.

Evaluation of these families discloses a remarkably consistent pattern of family interaction. Typically this pattern includes a disturbed marital relationship between the parents, very poor control by the parents over their own impulses, equal inability of the parents to control the girl's impulses, an orally deprived mother-child relationship that shows a lack of any real maternal warmth, and subtle, usually unconscious pressure by the mother on the girl to take over the maternal role. It appears that the girl usually accepts this role prior to puberty. Within the bounds of her intelligence, she responds by becoming a competent and apparently almost hypermature individual, in terms of taking on many maternal responsibilities. An equilibrium is established and usually maintained until the appearance of adolescent secondary sexual characteristics and libidinal drives. At this point, the girl becomes involved in a bitter rebellion that culminates in her running away. With the beginning of her dating and associated behavior, the father tends to become quite restrictive, suspicious, and accusatory about imagined sexual activities on the part of his daughter. Very often the father's accusations antedate any such behavior by several weeks or even months. At least superficially, the girl, when she finally runs away from home, does so to escape the conflict with her father. What becomes clear only on closer inspection is the role that the disturbed mother-daughter relationship plays in this conflict and the need for the mother to find a maternal figure herself, which she solves by forcing the daughter into this role.

In their paper on incest, Kaufman, Peck, and Taguiri (3) noted not only the strong dependent wishes of both parents and their search for a mother figure, but also the mother's pressure on the girl to assume th maternal role. The girl reacted by developing a pseudomaturity, and in the absence of effective controls, her search for oral gratification led to an overt incestuous relationship with her father. In our experience with runaway girls, there is a striking similarity to the family interrelationships noted by Kaufman and his collaborators although an equivalent level of pathology is not seen. In over one hundred and sixty cases of runaway girls that fit the pattern described above, there were only five cases of alleged incest. It may be cause of the girl's strenghts that when she is given the choice of taking over the mother's role, including the sexual role, or running away, she chooses the latter as a method of controlling her incestuous wishes, which are unquestionably shared by not only her father, but also her mother.

The following two case examples illustrate the complex dynamics commonly seen in the runaway girl and her family:

The Case of Gail

Gail T. first ran way with another girl for several days, a few months before she was brought into court. No action was taken on her return. Although she had been dating for three years, she suddenly began to go out with a much older boy - she was just fifteen at the time and he was almost twenty; he drank a great deal and was well known to the police. Mr. T. tried his best to break up the relationship; but Gail continued it by lying about where she was going, and she finally came to her parents saying she was pregnant. The father became panic-stricken, and although the mother tried to get him to calm down, he insisted on rushing Gail to the Florence Crittenton Home the same day. There the parents were advised to let Gail marry if she were pregnant, and to seek counseling later. Gail wore the boy's ring for a few weeks but soon wrote another boy that her parents were forcing her to marry someone she did not love. The father discovered the letter, became furious, and finally extracted an admission from her that she was not pregnant and had not had sexual relations. Mr. T. then became extremely restrictive and in a few weeks Gail ran away again. After four days she was apprehended and brought into court, and then referred to the clinic.

In the first interview, the parents were seen together. Mr. T. described Gail as a completely uncontrollable girl who was dating too much and running around with a crowd of which her parents disapproved. He tended to be particularly suspicious of her sexual activities and used this to rationalize his extreme restrictiveness. Mrs. T., however, had sabotaged his efforts to restrain Gail. In the interview the parents began fighting over this, the father finally threatening divorce if the girl were not controlled. He did not come in for interviews after that, preferring to sit in the car outside.

Gail was an extremely pretty, but quite angry girl, who appeared older than her stated age. Initially she refused to talk at all, except to complain bitterly about how unreasonable her father was.

Gail was the oldest by eight years of three children, and was described by Mrs. T. as being like "a little mother" when she was younger. An extremely close relationship with her father existed until the girl began dating at the age of twelve, at which time Mr. T. began to be suspicious about her sexual activities, and many fights arose over this. The mother had long forced the girl to take an adult role in caring for her two younger siblings, and apparently allowed and encouraged her to wear makeup and appear older than she was.

On the surface, the relationship between the parents seemed very good. Mr. T. earned an adequate income as a high school teacher, and Mrs. T. appeared to be the devoted, busy housewife. In therapy, however, the mother brought out her contempt for her husband's refusal to take any responsibility, and admitted that she had avoided sexual contact whenever possible for many years. She denied extramarital affairs on the part of her husband or herself. She said she felt "caught in the middle" between her husband and the girl, feeling that Mr. T was somewhat correct in his attempts to control Gail, but still wanting her daughter to have the "fun I never had."

Gail and Mrs. T were seen in treatment for fourteen months, during which the girl's running away stopped and her marks came from failing up to honor-roll level. She dates less indiscriminately, and finally began going with a boy much closer to her own age. Some initial evaluation of this relationship showed it to have a number of pathological elements - but in comparison with her previous relationships, it seemed relatively healthy.

When Gail's initial probation came to a close, the court, despite the urging of the clinic staff, was reluctant to continue her under any further probation or supervision. Both she and her parents stated that they would continue to attend the clinic, but none of them showed up for the next appointment. It was not until a few weeks later, after Gail had falsified her birth certificate and run away to New Hampshire to marry her boyfriend, that the parents returned for assistance. At first they were strongly motivated to obtain an annulment, but were cautioned against this because Gail would be eighteen within a few months and would be able to marry without their permission. It was felt that an annulment would probably achieve nothing but increased bitterness. No more was heard from Gail for approximately a year; then she called, stating that she was intending to leave her husband because he was beating her and taking no responsibility financially or at home. She also suspected him of some extramarital sexual relationships. She was contemplating divorce, and in a first interview this was discussed with her. She stated that she could now really see much of what had been discussed during therapy prior to her marriage. She reached no decision by the end of the first interview, and just prior to a second appointment a week later she called to say that she had "made up" with her husband and that she saw no need to come back.

The Case of Ann

Ann G. was almost fifteen when first arraigned in juvenile court. She had run away after her mother had found her in bed with a boy whom she had been forbidden to see. She was referred to the clinic by the probation officer; during the diagnostic period she ran away again. She had in her purse a letter to her boyfriend, which her mother had discovered and shown to Mr. G. when he returned home from work at one o'clock in the morning. On reading it, Mr. G. became furious, pulled Ann out of bed, and slapped her several times, then said he would take the matter up further in the morning. Mrs. G., evidently sensing that Ann would run away again, tried to sit up in the girl's room all night but fell asleep after a few minutes. When she awoke, Ann was gone. When picked up by the police, Ann, fearing her father's reaction, refused to return home, and was placed at the Division of Youth Service Detention Center. Again appearing in court, she promised there would be no further trouble, and was returned to her parents. There was some improvement during the next few months, while she and her mother were being seen in treatment; but after her boyfriend attempted suicide and was hospitalized, the situation deteriorated rapidly. Ann was placed at the House of the Good Shepherd, and seemed to adjust well for several months, until her boyfriend appeared at the door one day with a pistol and demanded her release. This incident led to Ann's placement with her paternal grandmother, and she was again seen at the clinic once a week.

The patient was the first of two siblings, having a younger brother toward whom she evinced both intense jealousy and guilt. She was often left in charge of him; at one of these times, when she was eight and her brother eighteen months, he fell down the stairs and was badly bruised. Both mother and daughter mentioned the incident during the diagnostic period, and the patient felt that her mother still blamed her for the accident. Mr. G. was a steadily employed waiter who slept late in the morning and whose job kept him away from home in the afternoon and evening. As the contacts with the clinic continued, he became difficult to reach and showed considerable resistance when he did come in. He apparently had had a very close relationship with Ann until she reached puberty, at which time he became rather strict about her activities. However, his concern over her alleged poor control seemed superficial. An earlier marriage of Mr. G.'s had lasted only a few months, and he did not both with a divorce until after he began living with Ann's mother. Mrs. G., an extremely anxious, thin, depressed woman, went into considerable detail in presenting her own history of extensive deprivation: her father was a severe alcoholic, her mother spent most of her life in a mental hospital, and she was brought up by her grandmother. While she tended to see herself as a very inadequate mother and in severe need of help with her own problems, there was considerable anger just under the surface, and she was obviously the dominant force in the family. Despite an external appearance of a nice home and family situation, the marital relationship was very poor; Mrs. G. was contemptuous of her husband and denied him sexual relations; he frequently beat her, drank heavily, and indulged in numerous extramarital affairs with her knowledge.

Ann herself was a colicky infant, and at the age of three months, when Mr. G. went into the service, Ann and her mother had gone to live with the paternal grandmother, who took over the child's care. When mother moved to another city three years later, Ann adjusted poorly, became sick, and was sent back to her grandmother's to live until she was almost eight years old. She did quite well in school until the age of thirteen, when her marks began to slip. When she first came to the clinic, she was failing several subjects, despite an IQ of over 120.

While Ann's mother had allowed her to begin dating at around thirteen, both parents and the girl insisted that the trouble had begun only over her most recent boyfriend, whom the clinic knew to be depressed, emotionally unstable, and easily manipulated. It became clear during therapy that this boy had gotten into bed with her - the precipitating event for her intial court appearance - at her request, but had not had intercourse with her. The patient admitted that she had set up the situation and, when her mother walked in, had said, "What do you think of me now, Mother dear?" It is interesting that the mother had not left the girl alone at night for many months, and this time had warned her that she would be back early and not to call her boyfriend.

Ann was a tall, slender, attractive girl who appeared several years older than her stated age and was obviously very intelligent. Initially she was sullen and angry, but soon became talkative and quite seductive. After six months, treatment was discontinued at Ann's insistence, although the mother continued coming to the clinic. Ann resumed treatment several months later at her own request, and at that time began to use therapy in a much more mature manner. She returned to high school and, despite some minor difficulties, did very well. Following the end of probation, the girl did not come in regularly any more, but her mother continued to come and showed a marked improvement in her relationship with her daughter as well as with her husband. Ann began dating a man five years older than herself, and our most recent information came from the local newspaper in which there were simultaneous announcements of her graduation and her marriage.

Discussion

In these two typical case histories, as well as in many others, the families may appear relatively normal. However, while the fathers usually do well at work, at activities other than their job - particularly around the home - they tend to be extremely passive and to withdraw from family responsibilities. They show poor control over their aggressive and sexual instincts, and many of them are given to violent outbursts of temper and wife-beating, usually when drinking. In many cases they also indulge in extramarital activities. The mothers are frequently better educated than their husbands, occasionally older, and clearly dominant in the marital relationship. However, they almost invariably show a significant level of underlying depression, and with only a little encouragement they will verbalize their rather intense feelings of rejection by their own mothers and often give a history of having run away themselves. In addition to this depression there is a feeling of inadequacy as mothers, and many of them can see how they have turned to their daughters for assistance in carrying the responsibilities of the household. Although they usually appear seductive toward their husbands, a history of long-term unsatisfactory sexual adjustment is seen.

The depression that plays such a prominent part in the mother's basic character adversely affects the relationship with her daughter. The mother, incapable of providing her daughter with sufficient warmth and affection, instead offers material incentives to force the girl into a position of gradually increasing responsibility and assumption of the maternal role, even from a very young age. In addition to rejecting her husband sexually, the mother also encourages a warm, close, and highly eroticized father-daughter relationship from which all three can derive considerable satisfaction.* The family appears to stabilize fairly well during the daughter's latency with the girl appearing, at least superficially, to be a rather hypermature individual who is extremely competent in managing the home and caring for her siblings as well as for her mother. With only material rewards for her efforts to meet the mother's demands, she turns to the father in her need for love; from an early age she learns to use seductiveness to gain her ends. Like her mother, she sees men as objects to be manipulated and controlled, primarily to satisfy primitive needs for oral gratification. The father himself, during the girl's latency, also tends to foster this strong, eroticized relationship with his daughter and derives considerable support from her. His drinking, which is so frequently a prominent problem at the time the girl actually runs away, is considerably less severe during this earlier priod.

The family balance is disturbed by the onset of the girl's physical maturation. Both parents react to the girl's pubescence and the appearance of secondary sexual characteristics. The mother tends to push her daughter into premature dating and sexual sophistication, in an attempt to work out her own poorly resolved oedipal conflicts. She allows the use of lipstick, padded bras, nylon stockings, high heels, and other dress and behavior that are inappropriate to the age level. At the same time, the mother not only rejects her husband even further, but continues to foster the very close relationship between him and the daughter. With neither parent showing any real ability to establish effective controls, the fear of overt incest comes uncomfortably close to consciousness for both the father and the daughter, and the relationship that once provided each with considerable satisfaction now becomes extremely threatening.

As a defense against his own feelings, the father reacts with a rather accusatory, angry, and restrictive attitude. He projects his own sexual wishes and feelings onto the girl and then accuses her of sexual misbehavior, thereby justifying his extreme restrictiveness. These accusations may precede any actual misbehavior on the part of the girl by a considerable period of time. The girl responds to her father's attitude with anger and rebellion. She flouts his authority and turns to her mother for support and even encouragement, which the mother subtly gives. When the girl seeks other men to serve as objects of her unresolved oedipal feelings, her own underlying feelings of worthlessness push her to a choice of boys who are themselves degraded or emotionally disturbed. The mother now finds herself very much on the horns of a dilemma, wanting unconsciously to continue supporting her daughter's behavior, but being fully aware of the realistic dangers of a relationship between her daughter and this type of boy. Her tendency is to do nothing. The father, however, on seeing these boys, feels even more justified in imposing further restrictions. The girl becomes more rebellious and begins lying more extensively about her activities. Frequent and violent fights break out between the parents as to methods of control, and with increasing tension in the home, the girl begins to fear that she will be the cause of the family's dissolution. At this point, she sees no alternative to running away.

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* It is possible that this relationship is fostered as early as birth through the choice of a name. Frequently the girl is given a femine form of her father's name: e.g., Joseph - Josephine, Glen - Glenda, Alexander - Alexandra, etc. Even where the given name is not strikingly similar, the nickname is sometimes almost identical.

While fairly common, this situation is so slow in its development that it may go completely unnoticed by the casual observer. Certainly, when individuals outside the family are called in for advice, they would be extremely unlikely to object to the father's wish to protect his daughter from an emotionally disturbed, poorly educated, delinquent boy. On the other hand, the girl can hardly be blamed for showing some rebellion against a large number of rather rigid restrictions on her activities, particularly when many of them seem unjustified. Indeed, she can point, as can the mother, to the encouragement that our contemporary society gives to early dating and sexual maturity. Earlier in the development of this pattern, it was not unreasonable, either, for the mother to expect help from her daughter with the household duties and the care of the younger children. However, when these reality factors are considered in the more pathological setting of long-term oral deprivation and misdirected and inadequate controls, the tendency for the girl to runaway becomes not only comprehensible but almost predictable.

Without treatment, the girls tend to leave school at the earliest opportunity, usually at the age of sixteen, and frequently continue to run away, although once having left school the majority of them find such jobs as hairdressers or waitresses; the former providing contact with the sought-after mother, the latter providing contact predominantly with men. Occasionally these girls become involved in prostitution. The most frequent outcome, however, is an early marriage, usually before the legal age of consent, with the girl contriving to get married either by falsifying her age or by becoming pregnant. While many of these marriages show considerable instability and end in divorce, some of them continue long enough to foster a repetition of the runaway pattern in the next generation.

If the more socially acceptable ways of resolving the home situation by marriage or employment are not available to the girl, and her running away continues, court intervention often becomes necessary. The court, following a hearing and a brief trial period of probation, in which the girl promptly runs away again, frequently finds the only solution available is to place the girl in a foster home or institution. Such settings, unless combined with treatment, are usually inadequate to control the girl's behavior. Almost inevitably she will again attempt to run away, flout authority despite disciplinary action, and in an institutional setting may even show signs of considerable homosexual activity or fairly acute depression with suicidal gestures. Several institutions throughout the United States have now become more aware of the dynamics and needs of the runaway girl, and have been able to set up programs that are carefully tailored to take these into consideration. However, when the girl does show improvement, the court or parole board will usually return her to her home. Such action almost invariably results in a rapid reactivation of the previous situation, and the running away begins again. It appears that a few weeks or even months of symptomatic improvement are not sufficient to warrant termination of any program that brought about the improvement.

Even with treatment, the prognosis for successful adult adjustment must remain guarded. In the absence of the controls the court may bring to bear, treatment may be almost impossible, because of the difficulty of enforcing attendance. Even when a very strong patient-therapist relationship can be achieved, it may not be enough to foster continued treatment. Invaluable and perhaps even essential in this connection is the availability of a female probation officer who can provide the warmth and controls not supplied by the mother.

It should be emphasized that successful treatment of the girl necessarily includes simultaneous treatment of the mother, where the major goal is improvement in their relationship and a lessening of the mother's demands upon her daughter. This can be effected quite rapidly in many cases by direct interpretation to the mother of the girl's underlying dynamics. However, such direct interpretation, in fairly simple terms, should be attempted only after careful evaluation not only of the mother's capacity to understand, but also of the therapist's ability to present it in a clear and nonthreatening way. The mother's need for dependency usually becomes largely transferred to the therapist, and she may attempt to control the situation by becoming somewhat seductive. This may be minimized by emphasizing her maturity, her role as a mother, and her concern over her daughter. This course is primarily responsible for reducing her demands on the girl. It has been interesting to note that in some of our cases, even after the daughter no longer came for therapy, the mother continued to use the clinic for occasional support and guidance. In such situations, the girl's improved behavior tended to continue.

While occasionally the mother may be seen by a social worker, usually both the mother and the daughter are seen by the same therapist. From a technical standpoint, interview arrangements are of considerable significance. In the initial interview, both the mother and the girl are seen together for a few moments. After introductions and explanations of the procedure, the girl should be reassured, in the mother's presence, that nothing she says will be reported back to either parent unless she so requests or unless she is present at the time. Both she and the mother should be told, however, that at the therapist's discretion anything the parents say might be told to the girl. The girl can then be excused to wait in the hall while a history is taken from the mother. After half the allotted time, the girl can be seen alone, and no further conversation held with the mother except to confirm the next appointment.

When first seen, the girl is usually hostile and uncommunicative. After an initial standoff period, however, she gradually begins to talk more freely; as she does, her own depression becomes quite apparent. In an attempt not only to control the treatment situation but also to help ward off her depression, she tends to utilize previously successful defenses by becoming quite seductive with the therapist. This behavior requires interpretation for control; also, warm but pointed remarks concerning her behavior and clothing, along with tacit assurance that seduction is not necessary to continue the relationship, can frequently be very useful. It is at this point in treatment that the most rapid and striking improvement will often be noted. It is not unusual, at the end of an interview in which the girl's seductive behavior has been brought up, to have her leave still somewhat angry, bitter, depressed, and threatening to run away - only to appear a week later, behaving not only as though there were no problems in her life, but as if there never had been any.

The maintenance of this degree of improvement is completely dependent upon the continuing therapeutic relationship with both mother and daughter. Too often, with improvement the girl's probation is terminated, despite warnings to the court. Even though the girl promises to continue coming to the clinic, she frequently misses her appointments after court controls have been removed, either directly refusing to come or offering a variety of excuses, which her parents are usually willing to support. If the mother also fails to come in, this break in treatment usually results in a fairly prompt deterioration of the home situation. In our experience, although few treated cases ended in severe difficulty with the courts, the usual outcome was an early and impulsive marriage, and the strong possibility that the situation would repeat itself in the next generation.

It is interesting that the fathers are seldom willing to come regularly to the clinic; indeed, the majority actively refuse to have anything to do with the treatment process. Experience has shown that their participation is not necessary for improvement of the home situation, however. The father rationalizes his resistance to treatment in a number of ways and with a variety of excuses, and it becomes clear that awareness of the dynamics is just under the surface. This is shown by the extremely active sabotage of treatment that occurs if the mother reports back what is said in her interviews. For this reason, it is appropriate to caution her about discussing treatment with her husband.

Much more could be said in reference to the treatment process. It is felt, however, that due to the enormous variation in patients, as well as in therapists, the major emphasis should be placed on the dynamics and on the observed fact that treatment is difficult and complicated, and must be continued far beyond the time that either the girl or the referring agency feels necessary.

The prognosis for a successful adult adjustment must remain guarded, but despite these difficulties, it is felt that treatment is eminently worthwhile. Without treatment, the long-term results are almost always undersirable; whereas with treatment, striking improvement can often be achieved.

References

(1) Robey, A., Rosewalk, R.J., Snell, J.E., & Lee, R.E. The runaway girl: A reaction to family stress. Amer. J. Orthopsychiat., 1964, 34, 4.

(2) Hollingshead, A.B., & Redlich, F.D. Social class and mental illness: A community study. New York: Wiley, 1958.

(3) Kaufman, I., Peck, A., & Taguiri, C. The family constellation and overt incestuous relations between father and daughter. Amer. J. Orthopsychiat., 1954, 24, 266.

CHAPTER: X

DEFENSIVE PASSIVITY IN ADOLESCENCE*

There are potentially healthy adolescents who display excessive reluctance to move toward independent decision and action. This paper presents a clinical description of this "syndrome", conceptualizes it as a defensive maneuver against mourning and offers steps for therapeutic intervention.

Self-proclaimed powerlessness is expressed not infrequently by youngsters in mid-adolescence as rationalization for avoiding decision-making and embarking on problem-solving action. Even quite "normal" adolescents at times revert to overt or tacit passivity when confronted with several alternatives of action. Working with youngsters we were impressed that such passive orientation often originates in defensiveness against mourning over cherished childhood dreams which have to be given up, to a large extent, in the process of maturing.

In the present paper we wish to describe a group of adolescents in which this specific defensive constellation is acutely manifested. The extent of the impact is such that it interferes with their personal growth and social adjustment. The phenomenological description and the analysis of its dynamics are followed by suggested psychotherapeutic approaches for the alleviation of this "syndrome".

In individual and group encounters with 15-17 year-olds, we were struck by intense claims of choicelessness and powerlessness made by some of them who were clearly resourceful and potentially successful. They presented marked indecision as to their academic, vocational and/or social plans. Conspicuous in their absence were overt signs of distress--neither anxiety or depression. They seemed content to be recognized as "older children" rather than as adolescents (for example, in a group some members referred to their peers as "the children"). We were impressed by their reluctance to enter the struggles of adolescence proper; rather, they seemed eager to extend childhood. Their state of relative "paralysis" in regard to future planning and implementation was expressed in a manner which appeared to be ego-syntonic.

Their common rationalization was that they were both unwilling and unable to chart their own course of action. Concerning their inability to do so, they tried to convince us and themselves that they were too small to fight the overwhelming powers of adults--parents or teachers. A common remark was: "What is the point of deciding? They won't let you do it anyhow!" On several occasions we had youngsters in mid-adolescence deny responsibility not only for failures but even for actual achievements. They preferred to present themselves as being small, weak and controlled. This passive attitude was stronger and more persistent than the typical adolescent vascillations between passivity and activity. The demonstrative claims of powerlessness gave us the impression that we were dealing with defensive tactics. The feeling of "helpless choicelessness" was indeed his clinical group of mid-adolescent youth was characterized by the conviction that "we cannot choose". However, they did not seem to view this state of affairs as an affliction or a deficiency.

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They did not seem to feel helpless as much as they behaved helplessly; they were passive in thought and deed, but did not feel inferior to, or less valuable than, their more decisive, active peers. The avoidance of choice-making was presented in a self-righteous way as an asset rather than a liability.

Early in the discussion of an adolescent group, we had encountered a view most directly stated by one of its members, a 16-year-old gifted school drop-out: "I feel I have now an endless number of worlds, many different worlds. I changed my view many times from one extreme to the other. I feel this is a good thing . . . I am afraid this might disappear. I am afraid of losing something. I know kids my age who decided already about one made-up way. If this is what it means to grow up, I don't want to become a grown-up." In direct and subtle ways the same apprehension was expressed by other adolescents in therapy. Again and again they voiced uneasiness about losing their "right to dream" if they were to make clear decisions about what they wanted to do with their lives. On the one hand, they glorified their flexibility in entertaining a broad spectrum of ideas, values and potential roles, often contradictory in content. On the other hand, they drew a gloomy picture of the "dull" or nonvital existence if they were to limit themselves to a few realistic choices in the cognitive, normative, affective and/or practical spheres of life. They were content to indulge in fantasies about what they could do and resisted clarifying what they should do. At times mild dysphoric tones had accompanied their perceptions about a gradual loss of vividness involved in growing up. They felt their lives were much fuller compared to the limited range of activities and interests they encountered in many adolescents and adults around them.

They had repeatedly confronted us with their need to be special in terms of uniqueness. There was a tendency even to idealize conflict, bewildering as its confusion might be. They feared that the solution of conflicts might lead to a loss of authentic identity, fragmented as their identity still was. To paraphrase this attitude, they were sensing preconsciously that: "I am in conflict means that I am alive". Or in the words of one introspective youngster: "If I will know what I want, all that I have now will be gone."

Dynamic Background

Other clinical investigation had shown that the kind of adolescent passivity described in this paper does not necessarily stem from instinctual needs nor is it a defense against them. Despite their passive orientation, these youngsters did not, as a rule, present unusually strong oral-receptive yearnings, i.e., their passivity did not seem to be primarily a result of libidinal fixations which commonly underly passivity. Nor did they appear to employ passivity as a maneuver to ward off aggression (i.e., reaction formation). A number of them freely displayed hostile feelings against elders and peers. Thus, we came to conceptualize this "brand" of passivity not as a result of intersystemic conflict (ego-id) but as an intrasystemic struggle within the ego itself. We learned that we were dealing with a specific kind of defense against affect, a potentially quite painful one, the affect of grief.

Taking action always entails the renunciation of one or more alternatives in order to pursue one or a few other alternatives of action. The wider the range of realistic or imagined choices, the more has to be given up; the more heavily cathected the alternative goals, the more painful will be the process of selection to give up a long held wish might be nearly as agonizing as relinquishing objects or objectives which were actually gained already. The capacity to bear the anguish of a loss and to endure the sad process of mourning is a function of the ego's strength or maturity (9). The still not fully developed ego of the typical adolescent might be hard-pressed to mobilize the energy needed to accept losses, including the abandonment of a variety of ideals, plans and wishes which reality does not enable him to fulfill or attain, at least not all at the same time. Consequently, he might remain "fixated" at a crossroads; unable to embark on any one of the routes departing from it, in order not to have to draw away from the other ones.

If such a noncommittal stance persists, the youngster's progress through adolescence may be temporarily arrested without his conscious realization of why he is unable to progress. These adolescents postpone the process of mourning, which a number of authors (2,4,5,8) have described as an essential phase of typical adolescence. However, these authors emphasized the need to give up earlier attachments to the parents in order to find new objects outside the family. They focused on the need to renounce unacceptable libidinal cathexes because of superego prohibitions and realistic inevitability. The clinical group, described in this paper, shares this developmental task, but it stands out in the special difficulty of renouncing or modifying conscious non-libidinal ego goals.

We might stress our point by referring to Wolfenstein's dictum (8, p. 114) that: "It is in adolescence that the sense of a longed-for past develops with the conviction that it can never come again." The present group of defensively passive adolescents is marked by its reluctance to give up a longed-for future. As children, they dreamed of what they would like to be once they grow up. To be sure, these are not consistent, firm identifies, but only fragmented, partial "identities", yet some of these goals and ideals have been held for a long time and are invested with strong feelings. While the "longed-for past" is usually devaluated during adolescence, the "longed-for future" is narcissistically overvalued. These youngsters avoid the depressive reactions they might have to endure if they were to confront the reality that they cannot attain all their goals.

The link between helplessness and depression was highlighted by Bibring (1) in his lucid exposition of depression as an ego state and not necessarily as a result of libidinal depletion. He pointed out that

> "in depression the ego is shocked into passivity not because there is conflict regarding the goals, but because of its own incapacity to live up to the undisputed narcisstic aspirations." (p. 30)

Our group refused to make choices and decision in order to avoid such a depressive state of helplessness. For them passivity left all options open and permitted continued indulgence in fantasy and imagination. To let the childhood dreams go and make place for adult compromises is so distressing to some young people, that they cling to the "excuse" of being devoid of power in spite of observable strength and resources.

Adolescents who present this defensive orientation are unable to accept the fact that in a world of scarce means there is a price for every inaction as well as for every action. This cardinal principle of reality states that only a few objectives can be achieved at a time. One cannot move in all directions at once, although change of direction is always possible. Even mature adults do not always reconcile themselves easily to the necessity to be selective in utilizing their resources, but they usually already have had some rewarding returns on their "investments", and a chance to learn that reality does not only require one to concede, but also enables one to succeed.

On close clinical examination, one discovers that the described defensive passivity is usually not fully successful in warding off grief. For one thing, there are usually some concomitant signs of "depressive equivalents", such as feelings of tiredness, physical weakness and difficulty in concentration. On the other hand, there might be "mico-manic" signs of cognitive hyperactivity and quick successions of ruminative thinking. Such an abundance of fantasy-oriented ideation probably represents an active denial of the fact that reality offers only a limited number of actual achievements. It is also interesting to note the frequent fear that they might experience boredom if they were to grow out of childhood. Boredom is known to be linked to depression. The fear of boredom is thus, another clue to the aim of their defensive passivity, i.e., the avoidance of depressive affect. However, the defensive nature of this form of adolescents' passivity is most clearly revealed by what happens when the defense is challenged and then gradually lifted. When these youngsters are ready for the confrontation with reality, they soon start acutely to experience and express dysphoric mood, sorrow and self-criticism. The realization that childhood dreams of grandiose and omnipotent adolescence and adulthood are bound to be "lost", may be accompanied by warm tears. They become ready for forward movement after they go through a process similar in quality, albeit milder in intensity, to "classical" grief reactions.

Treatment

In this paper we have not attempted to discuss the genetic aspects of defensive passivity in adolescence, i.e., why certain youngsters have a need to be especially defensive against mourning, or why they do so by way of "acting-in" rather than acting-out--another possible defensive avenue against mourning (6). There are probably many genetic causes, but we doubt that cure requires a determination of such factors. While we recommend psychotherapy for such adolescents, we do not feel that genetic exploration is either necessary or feasible in most of these cases. What seems more suitable is ego-oriented "para-analytic" therapy, to use Slavson's (7) term, i.e., goal-limited, not deeply explorative intervention. Experiencing the sadness of departure from cherished childhood wishes might be too frightening if the youngsters cannot share these with an understanding adult who also has known the same agony and survived it. When such youngsters come to therapy and are able to say farewell to their unrealistic ideals and plans, or at least to modify them along realistic possibilities of action, they gradually become ready to formulate a scheme of priorities and embark on vocational academic or interpersonal performances.

A pertinent clinical example is the case of one youngster who came to therapy because he was incapacitated by thinking about his alternatives. He became gradually more depressed in trying to decide whether to join his father's flourishing business (where he used to spend hours enjoying the glory of being the future successor of his highly successful father), or to develop his own superior academic skills by entering college. A dramatic shift occurred when he was able to realize that the second choice meant departing from his father and recognizing that they were not the "same kind of people"--as he always liked to believe. He and his father shared an "illusion-a-deux" that their traits and interests were alike, which was a source of considerable comfort for this young man. He was unable to choose independence until he was ready to accept the relative loneliness involved in going his own way. The psychological meaning of going to college instead of into the factory was losing closeness to father and accepting the reality that they were much more unlike each other than they had dared to admit. In the intellectual realm "his father's shoes were too small for his feet," but he was unable to accept this fact and act accordingly, as long as he was not ready to mourn the loss of the strong childhood identification with his father.

These youngsters should be encouraged to spell out the whole range of conscious and preconscious (usually not fully unconscious) childhood hopes about what they had wished to be as adolescents and adults. They have to be helped to prepare, as it were, a detailed "balance sheet" of goals which can and cannot be achieved in the foreseeable future. The "writing off" of losses, i.e., unfulfillable goals requires exploration of the subjective meanings attached to the different goals (expectation of parents, peer norms, earlier hero worships, etc.). Through collaborative therapeutic effort, by trial and error, they can come to establish for themselves the price for maintaining a goal as compared with the gains expected for concentrating on an alternative goal.

As described, these young adolescents often present a facade of superiority over peers who had "betrayed" their own dreams. However, their narcissistic pretension that they are "richer" and more viable because they entertain so many plans and ideals in their minds usually can be easily challenged. We did not find it difficult to help them recognize the illusory nature of the sense of mastery they had desperately tried to maintain by holding on to everything (in fantasy), and consequently, attaining almost nothing (in reality). One youngster came to realize that his adaptation was faulty because he "liked to grab everything at once, and ended up doing nothing". He added that he wanted things to follow his wishes, but he knew they could not or would not, and then "I didn't do a thing." The following interchange took place with another youngster, 17 years of age:

Patient: I am not going to accept the fact that I am not an Einstein. I don't really want to be one, but I don't see myself becoming one of those people who gave up on being an Einstein.
Therapist: You might be so frightened of becoming a regular, "grey" person that you are unwilling to do anything.
Patient: You see, I feel dynamic whenever I start something new. After I climb up a hill I feel like driving on a smooth highway and then feel bored.
Therapist: You are enthused about a dramatic, grand jump but shun day-to-day efforts. What are you so uneasy about?

After a while the patient started discussing his neglected studies. He said that he found in himself a newly aroused interest in learning, but "this worries me a little because I have never really studied."

The vividness of these adolescents' internal life should be affirmed and respected; there is no justification for denying the regretful fact that many adults seem quite content to follow blindly the choices made early in their lives to settle for routine functioning without hardly ever questioning the validity of their earlier decisions. However, adolescents can be assured that decisions they make in the present are not necessarily final; these can be revised and modified if they are found wanting or unsatisfying at a later stage. However, one can find out how and when to change courses only after one starts walking ahead.

One patient prided himself in "having an endless number of worlds". He said he was not ready to give them up lest he be "only mediocre".

Therapist: Are you also afraid of stagnation? Did you know adults who go only in one direction and don't change?
Patient: I view adults as following very, very nicely one accepted path. I don't want to be such a type.
Therapist: You feel that they have lost their freedom?
Patient: Not that I am all that free, but they have even lost the chance to go in more than one direction.
Therapist: You seem to feel that each step you take now, at your age, almost forecloses your future. What makes you feel it is so final?

Active encouragement to make choices and put them to the test of reality is often called for and is ultimately appreciated by these adolescents. With them one often senses a plea "to be pushed" since their fantasized omnipotence has all but rendered them impotent. In a group, one member readily clarified this point for us:

Patient A: If I don't have a set plan I am capable of sleeping through the entire morning.
Patient B: This means the end of your education.
Therapist: He said that he wasn't strong enough and wanted somebody to make him do things he felt too weak to do.
Patient A: I need such an authority. I don't get it from my parents.

Their vascillation between a sense of incapacitation and a feeling of superior power might be as bewildering to these youngsters as to those around them. Clarification of this ambivalence should be made in therapy. A patient remarked about his mistrust in the ability of people to help him: "I feel like an ant which fell into a pit and can't be pulled out by other ants." The therapist preferred not to interpret the transferential aspect of this statement but instead to focus on the "double message" conveyed by the boy: "I guess you meant to tell us how little you regard yourself at times, but there was something else, quite interesting, you told us right now. It seems you don't view yourself as an ant but rather as an elephant. If you were just an ant it would have been quite easy to pull you out of the pit."

To urge some adolescents to take some action in the near future is intended not just to overcome the ego-restriction resulting from their passive defensiveness. It might also accelerate the process of working through the grief as they make exploratory steps---independent, reality-oriented choices. It is a gradual, often confusing and frequently lonely way, but most adolescents emerge from it more active, self-assured and equipped with a more realistic sense of mastery, i.e., accepting their limitations while enjoying their strength.

"Sadly the farmer bears the bag of seed to the field, he shall come home with joy, bearing his sheaves" (Psalm 126).

It is our impression that group treatment is the method of choice for overcoming defensive passivity in otherwise "normal" adolescents because of their susceptibility to peers, and their doubts, if not outright distrust, in the capacity of adults to grasp their internal distress. A therapeutic group is not only a valuable channel for identification with others who undergo similar struggles, but it also facilitates effective confrontation with his pathology of over-extended childhood. It is easier to recognize the unreality and futility of clinging to childhood dreams and the resulting inaction when it is discovered in the other fellow. The encounter with such a "negative model" can be quite helpful in reinforcing the self-evaluation of the other group members. At the same time, the individual member who happens to be "under fire" cannot easily avoid such confrontation by claiming that "it is easy for you to say so", as adolescents respond when challenged by an adult therapist. Thus, group members often take turns in becoming "co-therapists" vis-a-vis an individual group member, benefitting both that member and themselves. A quite passive youngster (who once declared he felt that he "was born tired") complained to the group about the futility of trying to engage his parents in any meaningful interaction. The group's response was kind of a "reality corrective experience":

Patient A: I feel sometimes that my parents are sealed off. Nothing helps with them.
Therapist: What would you like to them to hear?
Patient A: They hear but don't understand.
Patient B: You think we do?
Patient C: We are different. We are his equals.
Patient B: You can't divide people by age. (turing to A) It is your minus. Whenever you talk you assume automatically that people can't comprehend you.
Patient A: (defensively) If I wouldn't think that you could understand I wouldn't have come here.
Patient B: I am not sure that you are all that open. You are quite closed up here as well.

Patient A didn't respond, but at the next group meeting he was the first to speak up: "I am not sure if B meant it or not, but last week he really punched me in the teeth. It was like throwing a stone at a cat. He made me lift my head a little and look around which is something nobody managed to make me do so far."

The "here and now" experiences between group members can be quite helpful in activating passive members---as illustrated by this interchange:

Jacob is invited by David to get out of his social isolation and be his guest for a weekend evening. Jacob hesitates, rationalizing his refusal (i.e., insecurity) by a host of technical obstacles.
David responds: I would have jumped on such an invitation.
Sol: It is a pleasant invitation, maybe even too pleasant for him.
Therapist: How do you mean?

Sol: At times it is safer to remain with the invitation. When you get there you might be disappointed.
Jacob (to David): I envy you. You said you would have accepted such an invitation yourself. Maybe you have a different make-up.
David: I received invitations when I started to be active. I didn't sit back and wait for them.
Jacob: I wasn't sure I would talk in the group, but I did.
David: You feel that this was your way of getting out of passivity? I doubt it. I go with friends to help poor boys in a run-down neighborhood. I know damn well that in reality we don't move a thing there, but we are able to say, "Look how we work." It is like a display window. The question is if you don't do the same here. You tell us, "I come and talk" and that's it. I think you remain passive.

The therapist who endeavors to help adolescents in this task of grieving has to be aware of the high "risk" of countertransference or over-identification. Not only might he experience a revival of painful struggles of his own adolescence, but he may have to re-encounter wishes and hopes he had to relinquish throughout his adult life. Such personal notes of grief can be utilized for therapeutic understanding. Properly timed and genuinely expressed, the sharing by the therapist of some of his own adolescent struggles can be quite helpful to the adolescent patient. This might reinforce trust in the therapist's capacity and readiness for empathic understanding. At the same time, it might strengthen the adolescent's hopes for himself by way of identification with a therapist who has fought his own adolescent battles and has endured.

References

(1) Bibring, A. "The Mechanism of Depression," in Affective Disorders, ed. P. Greenacre, 13-48. New York: International Universities Press, 1953.

(2) Freud, A. "Adolescence," The Psychoanalytic Study of the Child, 13:225-278, 1958.

(3). Hart, H.H. "A Review of the Psychoanalytic Literature on Passivity," Psychiatric Quarterly, 35:2,331-352, 1961.

(4) Laufer, M. "Object Loss and Mourning During Adolescence," The Psychoanalytic Study of the Child, 21:269-293, 1966.

(5) Root, N. "A Neurosis in Adolescence," The Psychoanalytic Study of the Child, 12:320-334, 1957.

(6) Shoor, M., and Speed, M.H. "Delinquency as a Manifestation of the Mourning Process," Psychiatric Quarterly, 37 (3):540-558, 1963.

(7) Slavson, S.R.A. Textbook in Analytic Group Psychotherapy. New York: International Universities Press, 1964.

(8) Wolfenstein, M. "How is Mourning Possible?" The Psychoanalytic Study of the Child, 21:93-123, 1966.

(9) Zetzel, E. The Capacity for Emotional Growth, 82-114. London: The Hogarth Press, 1970.

CHAPTER XI

BEYOND THE GENERATION GAP*

In case any of you came here tonight anticipating an address from someone who knows all there is to know about adolescents, let me assure that you are bound to be disappointed. But you needn't take my word for it. If my mother-in-law were here, she'd say, "but have you ever been a mother?" And, in that statement, there'd be more than a germ of truth. She's really saying "experts" don't know everything. Experience and tradition count for something too. And she's right.

You know, today we're living in an era of rapid change. As has been pointed out by authors ranging from theologian Paul Tillich to Alvin Toffler in his book "Future Shock" the greater the rate of change in a society, the greater the degree of uncertainty, confusion and existential anxiety produced within that culture. No one finds this harder than the parents of today. Like Sholem Aleichem's Fiddler on the Roof, they desperately strive to strike a balance between the security of traditional values and the almost unavoidable uncertainty as to how relevant these are to the world today.

But, according to Peter Blos, a phychoanalyst and one of the world's foremost authorities in adolescence, the influence of tradition on childrearing is in the decline. This has left a vacuum. To fill the vacuum, parents are increasingly turning to the experts. Their books are being written for the lay public. They are being quoted (and misquoted) in the mass media. Unfortunately, all too often parents either reluctantly or enthusiastically have abdicated their personal responsibility in favour of the opinion or technique of the expert of the week.

The results have been, all too often, an uncritical acceptance of the experts' advice, whether or not it was appropriate to the situation. One set of parents, for example, took too literally Dreikers' suggestion that when kids fight they are frequently seeking attention and that, therefore, parents should ignore them. They were driving in their car one summer's day when the temperature was 90 degrees B.C. (Before Celsius, that is). The kids began to fight. Father pulled over to the side, and announced that he would start driving again when the fighting stopped. He and his wife then proceeded to "ignore" the kids. 2½ hours later, the parents finally did what should have been done in the first place. They stopped the kids from fighting, and expressed the anger they'd been trying to pretend didn't exist.

Another result of excessive reliance on experts has been confusion in parental thought and inconsistency in parental behavior due to the conflicting opinions of the experts whom they have listened to. This leads to a lack of integration and integrity on the part of the parents. Child-raising techniques as preached by the experts have not really become assimilated by the parents. They are playing the part of being parents without being parents. They go through the motions, lacking consistency, comfort and conviction in their parenting behavior.

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But not only are parents confused and uncertain; kids are coming on strong. There is no tradition, no institution, no moral value that is immune to their challenge. For those of us who grew up in a society that valued good manners, conformity, respecting your elders and work for its own sake, it comes as quite a shock to have these and most of our other traditional values questioned and rejected. If there's anything typical of teenagers of this or any other generation, it's their ability to stir up intense emotional reactions in adults. What makes us react so irrationally either for or against the kids of today? Why must we respond to them in such black and white terms?

For the answer, let's take a look at some of the developmental tasks that confront an adolescent and his family during the teenage years. For adolescence is, after all, just one of a series of developmental stages through which a child must grow enroute to maturity. Each of these stages presents challenges which must be successfully mastered if the child is ready to move on to the next stage, which, for the adolescent, would be that of becoming a mature, productive and emotionally responsive adult. Not all these tasks are easily mastered, and the struggle to achieve them may cause considerable pain and hardship both for the adolescent and his family.

The process of achieving emotional independence does not begin in adolescence. An infant, as you know, is helpless and totally dependent on his mother. As the child grows older and more capable, his ability to do things for himself increases, and he becomes more able to be apart from his mother. Sure, he has to run back to her from time to time to be sure she's there or even to attempt to maneuver her into solving problems that he should be solving for himself. But nursery school, school, increased competence and greater involvement with his peers normally lead to a decreased reliance on the parents. In general, the more experienced a child is in assuming responsibility and functioning independently before he enters adolescence, the greater his chances of establishing full and comfortable emotional independence during his adolescent years. Generally speaking, we in Canada begin stressing and training for independence early, but real independence is typically granted late.

Putting it another way, we go through the motions of encouraging independence, but then balk or panic if the teenager looks as if he thinks we mean it. We tell him to make his own decisions, but then become angry or upset if they are not the ones we would have preferred.

The ease with which teenagers achieve independence will depend largely on the basic structure of their family. If they grow up in an authoritarian family, it will be harder for them to have confidence in their own judgment or to become independent. Authoritarian parents do not reward independent behavior. To function or speak independently in such a family is to risk anger, rejection or being made to feel guilty. Children in such families frequently resent the parental dictatorship which thwarts their normal striving for independence. If they feel strong enough, they may fight this directly and rebel openly. If they have been so crushed by the weight of the parental dictatorship that they dare not openly challenge their parents, their rebellion may go underground to be taken out in devious ways that are destructive to themselves or others. They may conform at home but shift their rebellion to other adults who are in a position of authority, particularly teachers and the police. Or, if they don't even feel strong enough to do that, they may trap their anger and defeat adults by withholding what is expected from them.

Both teenagers and their parents have mixed feelings and may vacillate as the adolescent gradually moves towards greater independence. In many cases, these will be successfully resolved, not without some anxiety and struggle on the part of both parent and teenager, but without major disruption of family relationships or of the teenager's continued progress towards maturity. Many teenagers want to have their cake and eat it too. They want to be independent, but aren't ready to give up the protection, the comforts and the security of home and family. They can't admit to themselves that they still need their parents: to do so they would see as an admission of intolerable weakness at a time when strength and independence are valued above all else. They attempt to handle this contradiction by externalizing what is basically an internal struggle. Thus, instead of recognizing that their conflict is between two opposing and incompatible inner drives - the drive to cut loose and the need to remain protected and secure -they project the conflict outward and see themselves as struggling to escape the clutches of a dominating parent. They provoke repeated battles, the aim of which is to keep the parents at a distance and reassure themselves that they really are independent after all. They may use continued reliance on their parents as a defense against recognizing their own difficulties (e.g. it's only their bugging that keeps me from doing well at school, and etc.).

But the adolescent's parents too may have difficulty as their teenager struggles towards independence. They may see his adoption of a new dress and lifestyle as a reflection on them and a source of embarrassment because of the reactions of friends and extended family. They may find his increased self-assertion, his what seems to them immoral or self-destructive behavior and his establishing his separateness from them frightening and upsetting. Rather than recognizing these as part of the normal process of maturation they may interpret them as a rejection of them, and respond as if "If you love us, you wouldn't do this to us". But if the process of achieving emotional independence is to succeed, it must be initiated by the adolescent at his own time and in his own way. However much the chip on his shoulder may invite parental rejection if the parents fall into the trap of prematurely extruding the adolescent from the family - even though he may make it difficult for them not to do so - he will pay dearly for it in terms of persistent guilt, insecurity and unresolved dependence.

But the teenager's struggle towards independence is not the only source of potential conflict between him and his parents. Another major developmental task of adolescence is the development of a stable set of moral standards and inner controls. Prior to adolescence, most children already show some evidence of a moral code modelled primarily on that of the parents with whom they identify. But one typical feature of normal adolescence is a modification of the teenager's picture of his parents and their value system; whereas once they were seen as the absolute authority on what was right and wrong, now some or even all of the values they propose - and even practise - are examined and rejected. Along with this there is a search for substitute values, and in this regard never have the peer group and their value system been more important.

And what about the peer group? We are faced with the emergence of a powerful, youth-oriented counter-culture which challenges many of the attitudes and values we once considered axiomatic. In place of the puritan ethic we have Abbie Hoffman declaring that work is the only dirty four letter word in the English language. Formal education, our sexual mores, our emphasis on self-reliance and planning for the future have all very much come under the gun. The frantic, compulsive search for constant and effortless personal gratification in which the pursuit of pleasure, regardless of how it's obtained, becomes an end in itself is by no means confined to youth. But a generation of kids brought up on a diet of constant gratification sees frustration not as an inevitable part of life - which it is - but as an evil that always can and always should be avoided.

Blos further points out that to successfully complete adolescence, the teenager needs in addition to a successful family situation a stable set of values and strictures within society with which to identify or polarize. But society of today is characterized by violent crime and petty theft. "Don't get involved" is the watchword of the day. Today the good samaritan would be regarded as either naive or simple. Political cynicism and economic instability threaten the cohesion of society as a whole. In the face of all these, in the absence of a stable society, youth are increasingly forced to look to their peer group as a source of extra-familial values.

Now this displacement of the parents from their earlier position of absolute authority on what is right or acceptable is an indispensible part of establishing oneself as a complete and separate person. But some parents cannot tolerate this, and their reactions may merely intensify their teenager's need to devalue them and to repudiate their standards as he struggles to establish himself and assert his autonomy. But, as Blos has made clear, challenge to and rebellion against parental values and guidance are not new. What is unique to our society is the degree of parental confusion, uncertainty and self doubt with which these challenges are met. Sometimes parents, because of their own doubt and uncertainty back away from this challenging situation. They prematurely accept the 12-14 year old's initial demand for recognition as a self-directed, sexually-active young person. They give in to his demands that he be treated as an adult - which he's not - instead of as a child - which he is.

In doing so, they are cheating him in two ways. On of the note-worthy tasks that the teenager has to master early in his adolescence is that of gaining control over his impulses. Gaining control over impulses has the following advantages: it enables the teenager to postpone gratification (which is essential for planning for the future); it helps with problem solving (the teenager can think through to a solution without plunging in aimlessly); it aids in perseverance in the face of difficulties. If the parents, instead of encouraging him to develop controls and self-discipline feed into his natural tendency to follow his every impulse, they rob him of a chance that he badly needs:

(a) To plan for the future, to decide what he will do with the rest of his life

(b) To develop the self-control and perseverance that he will need in order to successully prepare for a career.

The results, all too often, are aimless drifting, multiple changes in direction, many false starts with no finishes, basic depression and increasing feeling of inadequacy.

The second (and long term) result of parents' abdicating their parental role is to be found in what is called the "GENERATION GAP". Here the teenager, not finding in his family the clear and definite parental models he needs both to emulate and to oppose, displaces his family dependencies and animosities onto generational polarities. That is, "me versus my parents" is generalized into "kids versus adults". Thus the generation gap - i.e. the assumption that successful relationship and communication between the generations is impossible - is the result of a failure of development. It is caused by the defensive avoidance of painful generational conflict, and aggravated by the teenager's never having learned to use thoughts and words instead of immediate action to discharge tension and resolve conflicts.

There's no doubt that teenagers and their parents often view things from a very different perspective. But what's so new about that? Did you like the same music, books and styles as your parents? How many of us in our 30's and 40's still have the youthful idealism and crusading energy we had in our teens? Most of us have learned to accept dishonesty, hypocrisy and man's inhumanity to man as an inevitable fact of life. Kids haven't. That doesn't mean they're any less dishonest, hypocritical or callous than we are. But whereas we take the pragmatic approach that you have to learn to adjust within society despite it's limitations they retort with an idealism that is at times inspiring but at others impractical or even self-destructive that society isn't worth adjusting to. And there we're stuck, each aware of our dissatisifaction with the other's position but blissfully unaware of the limitations of our own. And away we both go, muttering under our breath about the generation gap.

But this need not be. What this sort of impasse reveals is not a generation gap but a people gap. Many teenagers and their parents, despite differences in point of view, value system and lifestyle and despite the normal frictions and resentments of family life still manage to live together and move towards a mature a comfortable separation without any lasting loss of love, respect, or communication. This brings us to the most unfortunate aspect of the term generation gap. The term generation gap implies that conflict between the generations is not only inevitable - which it is - but that it is by definition insoluble, which it certainly is not. In many families, the normal conflicts generated by the adolescent's struggle towards independence strengthen rather than weaken both the teenager himself and the bond between him and his family. In such families, these struggles are an integral part of an inevitable learning process: the teenager is learning to be independent and the parents are learning to become comfortable within the different kind of relationship that their child-who-is-fast-turning-into-an-adult needs.

But too many parents, in the face of normal, healthy and necessary teenager rebellion, abandon their responsibilities as if to say:

He won't listen to me anyway -
Nothing I say or do will make any difference -
So why even bother trying to influence him,
its' not worth the trouble -
I give up. Let him do what he wants.

How disastrous it can be if parents give up too soon and assume that because a teenager says he doesn't need their help they either can't or shouldn't try to continue to try to guide him. Just because your teenager experiments with flexing his muscles and telling you to get lost doesn't mean he has outgrown his need for your guidance and support. Some parents, either through disinterest or because they're easily intimidated, accept their teenager's first proclamation of total emancipation without question. They feel either that they have nothing to give or that what they have to offer is not wanted so why keep on trying - let the school or community take over, they've done all they can, etc. Such parents are abandoning their responsibility at a time of crucial though changing need. What is needed is not parental abdication but a new type of parenting consisting of guiding and advising rather than ordering and controlling. Parents, at this stage, must be aware of what they can and what they are not in a position to insist upon. Gone are the days when they could impose their decisions on their children at will. But even when they can't insist, it's essential that they make clear to their teenager where they stand, how they feel and what they expect. Too many parents take the position that since they can't make their teenager do what they want there's no point saying anything at all. Unable to accept their child as a separate person with thoughts, feelings and plans of his own, they can see only two black and white solutions to any disagreement: his way or their way. Therefore the choice, as they see it, is: either I force my will on him or he forces his on me. This sort of power struggle can be as disastrous both to the teenager and to family relationships as the parental abdication we have been discussing earlier.

At this point you may be wondering - What kind of a bind is he putting us in? First he tells us not to back away from them, and then he warns us against forcing our will on them. What is he suggesting?

I'm suggesting another alternative, one that is frequently overlooked, that lies somewhere in between these two extremes. It won't solve all the problems between parents and teenagers but will avoid many and allow others to be mediated while keeping the pain and disruption to a minimum. It's an easy one for me as an outsider to suggest, but a much harder one for you, as parents, to apply within your own families. The fact that it's hard doesn't make it any less essential.

Your aim as parents, at this stage, should be to make available to your teenager the benefits of your greater experience in life with an adequate awareness that what was true twenty years ago may not be true or relevant today, and without backing him into a corner from which the only exits are stubborn defiance or abject capitulation. You'll have to learn when to insist, and when, even though you'd like to insist, it makes more sense to advise or suggest without trying to punish or force the teenager into accepting your suggestion. Don't box yourself in by committing yourself to enforce a position that is unenforceable. Unless you're prepared to mount armed guard over your teenager 24 hours a day, 7 days a week, there is only one reasnable position you can take in major conflict areas (e.g. sex, drugs). It will require of you great sensitivity, control over your own feelings and at times exquisite judgment. You'll have to know when to listen, when to be flexible, when to stand firm and when to say:

This is how I see it -
This is how I feel about the situation -
But the final decision is up to you.

All we can do - and sometimes this will be worth a great deal - is lay the issues out clearly before the teenager and hope he can in time sort them out rationally and appropriately. It won't be easy. There will be times when we as parents will be frightened and upset by what we feel our teenager is doing to his life as a result of a poor decision. But accepting a teenager's independence means recognizing his right to make decisions and even his right to make - and hopefully learn from - mistakes. Only if we can tell the difference between situations in which we can and should insist and those in which we cannot - and, for that matter, haven't the right to try - only then can we hope to avoid or to bridge the gap that all too often separates us from those we love in other generations.

References

(1) Adleson, Joseph The Development Of Ideology In Adolescents in Dragastin, Sigmund and Elder, Glen Adolescence In The Life Cycle, John Wiley & Co., New York, 1976.

(2) Adorno, T.W.; Fenk-Brunswick, Else: Levinson, D.J. and Sanford, R.N. The Authoritarian Personality, New York: Harper and Brothers, 1950.

(3) Allport, G.W. The Individual and his Religion, New York: Macmillan, 1950.

(4) Angell, Madeleine Positive Peer Culture, Texas Quarterly, Summer 1971.

(5) Baumrind, Diana, Early Socialization and Adolescent Competence in Dragastin, Sigmund and Elder, Glen, Adolescence in the Life Cycle, John Wiley & Co., New York, 1976.

(6) Braungart, Richard, Youth and Social Movements in Dragastin, Sigmund and Elder, Glen, Adolescence in the Life Cycle, John Wiley & Co., New York, 1976.

(7) Brenfenbrenner, Uri, The Roots of Alienation, Scientific American, 1972.

(8) Coelko, G.; Hamburg, D.; and Adamo, J., Coping and Adaptation, Basic Books, New York, 1974.

(9) Cohn, Norman, The Pursuit of the Millenium, Essential Books, New York, 1957.

(10) Conger, John J., Adolescence and Youth, Harper and Row, New York, 1975.

(11) Daniels, D. and Kuldan, J., Marginal Man, The Tether Of Tradition And Intentional Social System Therapy, Community Mental Health Journal, 3(1): 13, 1967.

(12) Doherty, Gillian, Teaching Acting Out Youth Acceptable Ways Of Exerting Control Over Their Environment, Canada's Mental Health, June, 1974.

(13) Dragastin, Sigmund and Elder, Glen, Adolescence In The Life Cycle, John Wiley and Co., New York, 1976.

(14) Eister, Alan, Culture Crises And New Relious Movement in Zaretsky, I. and Leone, M., Religious Movements in Contemporary America, Princeton University Press, Princeton, N.J., 1974.

(15) Ericson, Eric, Psychosocial Identity, Papillon, New York. International Annals of the Social Sciences, 7:61, 1968.

(16) Erikson, E.H., Identity: Youth And Crisis, Norton, New York, 1968.

(17) Evans, Christopher, Cults of Unreason, Harrop, London, England, 1973.

(18) Festinge, Leon, A theory of Cognitive Dissonace, Row, Peterson; Evanston, Illinois, 1957.

(19) Frank, Jerome, The Demoralized Mind, Psychology Today, 4(24), 1973.

(20) Greeley, Andrew, Ecstasy, A Way Of Knowing, Prentice-Hall, Inc.; Englewood Cliffs, N.J., 1964.

(21) Hoffer, Eric, The True Believer, Harper and Row, New York, 1951.

(22) Jones, Richard, Ongoing Study Of Achievement Houses, Eugene, Oregon, 1977.

(23) Keniston, Kenneth, Youth and Dissent, Harcourt, Brace, Jovanovich; New York, 1971.

(24) Keniston, Kenneth, The Uncommitted: Alienated Youth in America, Dell and Co., New York, 1965.

(25) Koestler, A., The God That Failed, Bantam, New York, 1952.

(26) Koestler, A., Arrow In The Blue: An Autobiography, Collins, London, 1952.

(27) Kohlberg, L., Moral Development And The Education Of Adolescents in Evans, E.D. (Ed.), Adolescent Reading In Behaviour Development, Dryden; hinsdale, Illinois, 1970.

(28) Longrod, J., The Role Of Religion In The Treatment Of Addition in Brill and Leibman (Eds.) The Treatment of Drug Abuse, Behaviour Publications; New York, 1972,

(29) Ledain, Gerald, Report Of The Commission Of The Non-Medical Use Of Drugs, Queen's Printer; Ottawa, Canada, 1973.

(30) Levine, Saul, Draft Dodgers: Coping With Stress, Adapting To Exile, American J. Orthopsychiatry; 42(3), April 1972.

(31) Levine, Saul, The Mythology Of Contemporary Youth, Can. Med. Assoc. J.; Sept. 1975.

(32) Levine, Saul; Lloyd, David and Longdon, William, The Speed User: Psychosocial Effects Of Amphetamine Abuse, Can. Psy. Assoc. J., 17:3, 229, 1973.

(33) Levine, Saul; Carr, Robert and Horenblas, Wendy, The Urban Commune: Fact Or Fad, Promise Or Pipe Dream?, American J. Orthopsychiatry; 43:1, 149, 1973.

(34) Levine, Saul, Youth And Contemporary Religious Movements: Psychosocial Findings, Can. Psychiatric Assoc. J.; 21 (411): 1976.

(35) Mead, M., Culture And Committment: A Study Of The Generation Gap, Doubleday; Garden City, N.J., 1970.

(36) Moynihan, Daniel, Pease - Some Thoughts On The 1960's and 1970's, The Public Interest, Summer 1973, 32, 3-12.

(37) Pasamanick, B., A Survey Of Mental Disease In An Urban Population in Epidemiology of Mental Disorder, Amer. Assoc. for Advancement of Science, 1959.

(38) Piaget, Jean, Six Psychological Studies, Random House; New York, 1967.

(39) Pirandello, Luigi, "It Is So! (If You Think So)", in Three Plays, Dutton, New York, 1922.

(40) Priorities, Central Toronto Youth Service, December, 1976.

(41) Randall, David, Proposed Study Of Group Homes, Ontario, 1977.

(42) Reich, Charles, The Greening Of America, Random House, New York, 1970.

(43) Rokeach, Milton, The Open And Closed Mind, Basic Books, New York, 1960.

(44) Robbins, Thomas, Eastern Mysticisms And The Resolcialization Of Drug Users, Journal for Scientific Study of Religion; 8(2): 308, 1964.

(45) Rosenberg, Morris, The Dissonant Context And The Adolescent Self-Concept in Dragastin, Sigmund and Elder, Glen Adolescence In The Life Cycle, John Wiley and Co., New York, 1976.

(46) Rosenberg, Morris, Society And The Adolescent Self-Image, Princeton University Press, Princeton, 1965.

(47) Roszok, T., The Making Of A Counter Culture, Doubleday, Garden City, New York, 1969.

(48) Schur, Edwin M., Radical Non Intervention: Rethinking The Delinquency Problem, Prentice-Hall Inc., Englewood, N.J., 1973.

(49) Seaman, M., On The Meaning Of Alienation, Am. Sociol. Rev., 24(6): 783, 1959.

(50) Slater, Philip, The Pursuit Of Loneliness: American Culture At The Breaking Point, Beacon Press; Boston, Mass., 1979.

(51) Smith, M.B.: Haan, N. and Black, J. Social-Psychological Aspects Of Student Activism, Youth and Society, 1970, 1(3), 261-288.

(52) Toffler, Alvin, Future Shock, Basic Books, New York, 1971.

(53) Yankelovich, D., The Changing Values On Campus, Washington Square Press, New York, 1972.

(54) Zaretsky, I. and Leone, M., Religious Movements In Contemporary America, Princeton University Press; Princeton, N.J., 1974.

APPENDIX I

Exercise #1

Please write a brief case illustration of an adolescent currently of concern to your agency. The illustration should be brief, providing only the essential data for dealing with the problem. A page or two is all that is required. Should you wish to raise some questions about the case, you may do so.

A certain number of these cases will be dealt with during the training program.

Should your case be selected for specific examination, you will be available to provide more information if it is required.

Supervisors:	Write an illustration of a case that is currently being carried by a member of your staff. This case should be well known to you and have involved a considerable degree of supervision.
Protection Staff:	Write an illustration of a case that has recently been brought to the attention of your society. It should be about a recent admission, previously unknown to the society where protection is the issue involved.
Child Care Staff:	Write an illustration of a case that involves a crown ward. This should be an adolescent between the ages of 16 years to 18 years of age who you are currently working with to achieve independence.
Note:	A selected number of these cases which are representative will be utilized in the training program.

NOTES

Exercise #2

You have just seen the film "Why doesn't someone listen to what I am saying".

Please translate this film into your local region. It concerns a crown ward who is approaching the termination of care with the society. She has successfully found her own placement.

Problem #One:

1. Identify the stage of adolescent behaviour represented by the ward in the film.
2. Identify the adolescent needs that are exhibited in the film that dominate the behaviour of the adolescent.
3. Identify the basic underlying problem that is manifested in the expression of anger.

Problem #Two:

1. Identify the behaviour of the foster-parents that contributed to the problem.
2. Specify how a worker from a Children's Aid Society could have anticipated these problems.
3. Indicate what specific help could have been given to the foster-parents that might have prevented the termination of the placement.

NOTES

Exercise #3

1. Divide into small groups of three.
2. Select a role play and allow five minutes to decide how you will interpret the role.
3. The role play should not last more than ten minutes. When it is completed obtain feedback from the observer.
4. Repeat: elect a different role so that each member of the triad has an opportunity to play each role.

The Roles

Adolescent:

1. You are an angry adolescent who has been given the "exit-sign" by your family. You have been threatening to "split" for some time. Now it has happened. A worker from the local Children's Aid Society is now involved in meeting you for the first time. Decide how you will play the role. You may be angry, hostile, act out or resist all attempts to intervene.

The Children's Aid Society Worker:

2. An adolescent has been referred to your society. The parents refuse to have anything to do with the society or take the adolescent back into their home. Demonstrate how you would handle this interview.

The Observer:

3. You observe the interaction between the worker and the adolescent. Make a note of the behaviours illustrated by the adolescent and how the worker dealt with them.

Feed back this information when the role play is finished.

Discuss with them how else this situation may have been dealt with.

NOTES

Exercise #4

Case Illustration:

The Reporter:

1. Your case has been selected for examination and study by your group. Read or explain the case to the group and answer any questions that might be raised.

The Task:

1. Assess the case in terms of all available information.

2. Identify the stage of development of the adolescent and the primary needs he is attempting to meet as demonstrated by his behaviour.

3. Assess the strengths and weaknesses of the family and the adolescent for purposes of meaningful intervention. (Be specific).

3. Develop a treatment plan for this case that utilizes the available strengths and resources.

4. Identify the specific, unresolved problems possessed by the adolescent if your society is to fullfill its mandate to help him achieve independence as a functioning adult.

NOTES